

*New Mexico Board of Pharmacy  
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Albuquerque, New Mexico 87113  
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[www.rld.state.nm.us/pharmacy](http://www.rld.state.nm.us/pharmacy)  
[Sarah.Trujillo@state.nm.us](mailto:Sarah.Trujillo@state.nm.us)*

**Narcotic Treatment Program Facility Controlled Substance  
Registration Application**

Facility Name & Mailing Address

Facility Name & Street Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

( ) New- Fee schedule is for NEW REGISTRANTS only. New Registrants see end of application

( ) Renewal - **FEE: \$60.00** (Pay by check or money order)

NMCS No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Federal DEA No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

NM Board of Pharmacy License No.: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

**I/We have not been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government. \***

Signature \_\_\_\_\_

**I/We have not any disciplinary actions, or have any pending actions against me, or to my knowledge been investigated by any professional licensing authority. \***

Signature \_\_\_\_\_

**\*Please explain any failure to sign the statements above. Explain the circumstances, include a copy of the judgment, and attach to this application.**

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of Birth: \_\_\_\_\\_\_\_\_\\_\_\_\_

Print name and title of person signing form: \_\_\_\_\_

Fee schedule is for NEW REGISTRANTS only

Only the initial year of licensure is pro-rated. New Mexico charges \$5.00 per month for this registration. Your controlled substance number will expire in the same month as your DEA number.

The first letter of your facility determines the month in which your DEA number will expire. Please submit only the amount of money required from the current month through your expiration month.

Below is a chart which shows when your DEA number will expire:

January - M  
February - S  
March - L & P  
April - Q & R  
May - U, V, W, X, Y, Z  
June - A & D  
July - B  
August - C & E  
September - F & G  
October - H & N  
November - I & T  
December - J, K & O

Licenses must be acquired in the following order:

- 1st: Professional license
- 2nd: NMCS Registration
- 3rd: DEA Registration