

New Mexico Board of Pharmacy
5200 Oakland NE Suite A
Albuquerque, NM 87113
Phone (505)222-9830
In-State Toll Free (800) 565-9102
www.rld.state.nm.us/pharmacy
Sarah.Trujillo@state.nm.us

NONRESIDENT PHARMACY RENEWAL APPLICATION

Fee: \$400.00 Biennial (pay by check or money order)

Applications and fees must accompany each; otherwise processing time will be delayed.
Retain a copy of both the application and form of payment for future reference.
Mail early-5-10 days processing time once application is received

Name and Mailing Address

Location Address

E-Mail: _____

Phone _____

Web Address _____

Fax _____

NMBOP License Number _____

Toll free number: _____

I [owner(s)/operator(s)] hereby understand the license expires December 31 of every other year, and the license is not transferable. A separate license is necessary for each pharmacy location. This application must be received or postmarked December 31. If not postmarked by December 31, submit the late penalty of \$50.00.

Include a list of all pharmacists and support personnel including name, license number and title. Any change of registered pharmacists or supportive personnel must be reported to the New Mexico Board of Pharmacy, in writing or e-mail, within ten (10) days. Any changes of pharmacist-in-charge must be reported immediately.

I [owner(s)/operator(s)] have not since the time of our last renewal, 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 [owner(s)/operator(s)] have not since the time of our last renewal, had any disciplinary actions, or has any professional licensing authority investigated any pending actions against us, or to my knowledge *

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 [owner(s)/operator(s)] certify under penalty of perjury that the information given in this application is true and accurate to the best of my (our) knowledge.

Signature – Owner or Office

Print Name of Officer or Owner

Date

Signature – Pharmacist-in-Charge

Print Name of Pharmacist-in-Charge

Date

Pharmacist License #