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

PHARMACY INTERN REGISTRATION OR RENEWAL

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

[ ]NEW **[ ]RENEWAL** FEES: $25.00 **(Payable by check or money order)**

Name: ____ Address: ____

Intern Reg. No.: _______________ Phone No.: ___________________ [ ]M [ ]F

Date of Birth: _________________ Place of Birth: ________________ Social Security Number:______________________

* *

STATEMENT OF INTERN:

I 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 with the federal government.*

Signature____

I 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 understand that internship training may be concurrent with time spent in a College of Pharmacy. I must comply with all Federal and State Laws and the Rules and Regulations of the New Mexico Board of Pharmacy. I am aware that I cannot legally assume the responsibilities of a pharmacist. I subscribe to the Code of Ethics and rules governing the professional conduct of a pharmacist in this state.

I hereby certify under penalties of perjury that the above statements are true and correct.

Signature: ____ Date: ________________________

* *

STATEMENT OF ACADEMIC ADVISOR OR DEAN: New Mexico Pharmacy Act Section 61-11-11 requires: An applicant for registration of a pharmacist intern shall have satisfactorily completed not less than 30 hours or the equivalent thereof, in a college of pharmacy accredited by the Accreditation Council for Pharmacy Education and meet other requirements established by regulations of the Board."

As Academic Advisor, I certify that the above-named individual has completed _________ hours at ____ (Name and Address of College of Pharmacy).

(Check appropriate block)

_____ The above-named is a _____ year student in good standing. _____ The above-named is enrolled in the Pharmaceutical Sciences Graduate Program and will perform intern duties in the V.A. Hospital or the U.N.M. Radio pharmacy only.

Signature: ____ Date: ___________________________

MUST BE SIGNED BY ACADEMIC ADVISOR FOR NEW AND RENEWAL

*** ***

PURSUANT TO SECTION 61-11-13 OF THE NEW MEXICO PHARMACY ACT AND BOARD OF PHARMACY REGULATIONS; INTERN CERTIFICATE MUST BE RENEWED ANNUALLY ON OR BEFORE SEPTEMBER 30. ANY HOURS WORKED AFTER SEPTEMBER 30 WILL NOT BE ACCEPTED IF YOUR LICENSE IS NOT CURRENT.