

**New Mexico Board of Pharmacy
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Albuquerque, New Mexico 87113
Phone (505) 222-9830**

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EMERGENCY MEDICAL SERVICE APPLICATION

**FEE: See schedule below:
\$50 for each Principle Place of Business
\$25 for each In Use location**

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 of Business & Mailing Address:

Phone: _____

Email: _____

Enclosed fee: \$ _____

Name of Business & Street Address:

Fax: _____

Web Address: _____

"Principle Place of Business" refers to any sites that are part of the EMS's operations, including its headquarters, stations, vehicle bays, docks, or hangars **where dangerous drugs and/or controlled substances are stored**, but does not include dangerous drugs or controlled substances "in use".

"In Use" means when dangerous drugs and controlled substances are removed from the principle place of business' inventory and placed in jump kits or mobile units for emergency use.

EMS services using controlled substances must acquire a New Mexico Facility Controlled Substance Registration and a Drug Enforcement Administration Registration for each principle place of business that receives/stores/distributes controlled substances.

List each PRINCIPLE PLACE OF BUSINESS location address: (attach list)

List each IN USE location address: (attach list)

A COPY OF THE EMS CLINIC PROCEDURES MANUAL MUST BE SUBMITTED WITH ALL NEW APPLICATIONS

I (we), the undersigned, hereby apply for a license to operate an Emergency Medical Service under the Pharmacy Laws of the State of New Mexico and present the following statements in support of the privilege to be granted a license and represent that if such license is granted, such place will be conducted in full compliance with existing Pharmacy laws, and rules and regulations of the Board of Pharmacy.

I (we) hereby understand that the license expires December 31 of each year, that the license is not transferable, and that a separate license is required for each principle place of business location. This application must be received or postmarked by December 31. You must include an additional late penalty of 25% of license renewal fee if postmarked after December 31.

Please circle letter beside appropriate category.

1. a. If an individual is owner, give name, address, phone number in space below (attach list)
- b. If a partnership is owner, give name, address, and phone number of partners (attach list)
- c. If a corporation or municipality, list name, address, phone number and title of all officers (attach list)
- d. If county, city, state or church is owner, give name, address, phone number and title of all officers (attach list)

Consultant Pharmacist (print or type): _____ Lic. No.: _____

Supervising Staff Physician _____ Lic. No. _____

Supervising EMT _____ Lic. No. _____

Certified EMT's _____ Lic. No. _____ (attach list for all)

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 had any disciplinary actions, nor have any pending actions against me/us 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 (we) hereby certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature - Administrator _____ Print Name of Administrator _____ Date signed _____

Signature - Consultant Pharmacist _____ Date _____

Print Name of Consultant pharmacist _____ Pharmacy Where Employed _____ Phone Number _____