



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy

5500 San Antonio Drive NE Suite C ▪ Albuquerque, New Mexico 87109
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.state.nm.us/pharmacy

PHARMACIST CLINICIAN APPLICATION

RENEWAL

FEE: \$70 Biennially

Pharmacist Clinician #: _____

Name: _____

Mailing Address: _____

City, State, Zip code: _____ Home phone: _____

Email address: _____

Provide a list of all supervising physician(s), including address, phone number and license numbers.

List place(s) of business as a pharmacist clinician.

Renewal applicants must submit the following. Check applicable boxes.

- (a) Documentation of continuing education hours, including proof of completion of twenty (20) hours of American Council of Pharmaceutical education approved (ACPE) or category I of the American Medical Association approved (AMA), (live continuing education meeting, seminar, workshop, symposium), beyond the required hours in *16.19.4.10 NMAC* (as amended), as required by the board
- (b) A current protocol of collaborative practice signed by the supervising physician (if prescriptive authority is sought)
- (c) A copy of the pharmacist clinician's registration with the supervising physicians board (if prescriptive authority is sought)

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 by the federal government.

Signature _____

I have not had any disciplinary actions or has any professional licensing authority investigate any pending actions against me to my knowledge.

Signature _____

If the above statements are not true, 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.

Print Name: _____

Signature: _____ Date: _____

***Retain a copy of both the application and form of payment for future reference.
Mail early. There will be 5-10 days of processing time once your application is received.***