



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  
<http://www.rld.state.nm.us/boards/pharmacy.aspx>

**NEW PHARMACY TECHNICIAN APPLICATION**

Applications and fees must accompany each otherwise processing time will be delayed.  
Mail early processing time is 5 to 10 business day's once it is received in our office.

**Fee: \$30.00 /** Make check or money order payable to New Mexico Board of Pharmacy.  
No staples or tape & application must contain original signatures.

Applicant name (Please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  M  F

<b>Home Address:</b> (required for registration)	Mailing address:	Employers Name: address: (Must be in New Mexico)
City, State & Zip:	City, State & Zip:	City, State & Zip:
<b>Home Telephone #:</b>	Cellphone #:	Work Telephone #:
<b>Email address:</b>		

**Mark the appropriate classification box**

**Non-certified pharmacy technicians:**

Applicant must submit a completed application, fees, **and a technician training record** signed by a Technician Training Sponsor. Applicant must become nationally certified within the first year of registration (16 NMAC 19.22.14). This registration will expire exactly one year from the issue and cannot be renewed unless you are certified. **Note:** You will **not** be allowed to work as a pharmacy technician if your license expires.

**Certified Pharmacy Technician:**

Applicant must submit a completed application, fees, **and a copy of your current certification** from Pharmacy Technician Certification Board (PTCB) or Institute for the Certification of Pharmacy Technicians (ExCPT) Your license will expire bi-annual on the last day of your birth month and must be renewed prior to expiration date.

Are you licensed in other states? Yes  No  If yes, please indicate which state (s) and give license number(s).

\_\_\_\_\_

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 any disciplinary actions, or have any pending actions against me, or to my knowledge been investigated by any professional licensing authority.\*

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 under penalty of perjury that the information contained on this application is true and correct.**

\_\_\_\_\_  
Signature of Technician

\_\_\_\_\_  
Date

**TECHNICIAN TRAINING AND EDUCATION RECORD**

(Only need if you marked the Non-certified pharmacy technician classification box)

Name of Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy/Training Site Name/School name: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

**INITIAL TRAINING REQUIREMENT (16 NMAC 19.22.9)**

Date of Training	Trainer	Topic covered
		Federal and State laws, and Regulations, which affect pharmacy practice. Specific regulations, which address the use of supportive personnel and technicians.
		Ethical and professional standard of practice.

**FIRST YEAR TRAINING REQUIREMENTS (16NMAC 19.22.9)**

Date of Training	Trainer	Topic covered
		Medical and pharmaceutical terminology, symbols and abbreviations used in the practice of pharmacy and components of a prescription.
		Pharmaceutical calculations necessary for the preparation and dispensing of drug products.
		Manufacturing, preparation, packaging, labeling and proper storage of drug products.
		Dosage forms and routes of administration.
		Trade and generic names for medications frequently dispensed by the pharmacy.

Technicians preparing sterile products and/or chemotherapeutic products must complete additional training requirements listed in 16 NMAC 19.22.9.

\_\_\_\_\_  
Signature of Pharmacy Technician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pharmacist in charge/Technician Training Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Pharmacist in charge/Technician Training Sponsor

**Training record MUST be completed and signed by Technician Training Sponsor.**