New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5200 Oakland Avenue, NE ▪ Suite A ▪ Albuquerque, New Mexico 87113
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
http://www.rld.state.nm.us/boards/pharmacy.aspx

Seller or Dispenser of Contact Lenses Application

FEE: $400 Biennial (Please pay by check or money order made payable to: New Mexico Board of Pharmacy)
A Request for Inspection application and fee must be submitted with application for New Mexico location.
New Mexico business permanent physical location must be inspected prior to the Board consideration to issue license.

Name: _____ Permanent Street Address **: _____

Mailing Address:

_____ _____

_____ _____

Contact Person Name & Title _____ Phone #: _____ Fax #: _____

***License will ONLY be issued to permanent physical address where lenses are to be received, stored, and sold.*
Temporary location such as flea markets and fairs will NOT be licensed.

I, the undersigned, hereby apply for a registration to operate a business selling and/or dispensing contact lenses under the laws of the state of New Mexico and present the following statements in support of the privilege to be granted a registration and represent that is such registration is granted, such place will be conducted in full compliance with existing laws and rules and regulations, unless compliance would violate the laws and regulations of the resident state.

I hereby understand that the registration expires the last day of the registration month each 2-year registration cycle, that the registration is not transferable, and that a separate registration is required for each location delivering into New Mexico.

Please make sure that 1-9 are answered or attached to this application before submittal, if not application will be returned.

1. Enter current license/registration information; "pending" or not applicable "N/A"
Business and/or professional license (if applicable):
Name: _____Address:_____
License/registration number: _____ Exp. Date: _____Professional license number: _____ Exp. Date: _____
Professional licensing authority: _____

2. Circle the letter beside appropriate classification: (**If b, c, or d attach list on a separate piece of paper**)
- **a)** If an individual is owner, give name and address;
- **b)** If a partnership is owner, give name and address of all partners, (**attach list**);
- **c)** If a corporation or municipality, list name, address and title of all officers, (**attach list**);
- **d)** If county, city, state or church is owner, give name, address and title of all officers, (**attach list**).

3. Attach copy of current resident state license, permit or registration to operate (if applicable).

4. Attach a copy of the most recent inspection conducted by a resident state regulatory or licensing authority (if applicable).

5. Attach a policy manual listing procedures for items listed in regulation 16.19.28.
POLICY MANUAL: A policy manual containing at a minimum the information listed below shall be submitted with the registration application. The initial manual must be approved by the board and any subsequent changes or modifications require prior approval of the board or its agent.

- **a)** A contact lens may not be sold, dispensed, or distributed to a patient in this state by a seller of contact lenses unless one of the following has occurred:
  - **i.** The patient has given or mailed the seller an original, valid, unexpired written contact lens prescription;
  - **ii.** The prescribing licensed optometrist has given, mailed or transmitted by facsimile transmission a copy of a valid, unexpired written contact lens prescription to a seller designated in writing by the patient to act on the patient's behalf; or
  - **iii.** The prescribing licensed optometrist has orally or in writing verified the valid, unexpired prescription to a seller designated by the patient to act on his behalf.
- **b)** The prescription contains all the information necessary for the replacement contact lens prescription to be properly dispensed, including the:
  - **i.** Lens manufacturer;
  - **ii.** Type of lens;
  - **iii.** Power of the lens;
  - **iv.** Base curve;
  - **v.** Lens size;
  - **vi.** Name of the patient;
  - **vii.** Date the prescription was given to the patient;
  - **viii.** Name and office location of the licensed optometrist who writes the replacement contact lens prescription; and expiration date of the replacement contact lens prescription.
- **c)** A person other than a licensed optometrist or physician who fills a contact lens prescription shall maintain a record of all prescription for 3 years.
- **d)** Security requirements: restricting access, to all lenses and patient health records, to authorized personnel only.
- **e)** Storage requirements: The registrant must have policies and procedures for maintaining the proper storage conditions for contact lenses. The lenses must be stored at the licensed location.

*I [owner(s)/operator(s)] 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 [owner(s)/operator(s)] have not had any disciplinary actions, nor have any pending actions against us, 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(s), and attach to this application.**

I (we) 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 Officer *Print Name of Officer or Owner* *Date*