



BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
5500 San Antonio Dr. NE Suite C Albuquerque, New Mexico 87109
(505) 222-9830 Fax (505) 222-9845 (800) 565-9102
www.RLD.state.nm.us/pharmacy.aspx

LIMITED DRUG PERMIT CLINIC APPLICATION

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

Include a copy of the Clinic Policy & Procedures Manual together with the Clinic Formulary as defined
in 16 NMAC 19.10.11(2) PROCEDURES MANUAL.

***Complete and initial each item on PAGE 3 BEFORE submitting application, failure to complete will
result in a delay of processing and will be returned as needed for updating***

Name and Mailing Address: Physical Location address: (If different than Mailing)

Blank lines for Name and Mailing Address and Physical Location address.

Email: Web Address:

Phone Number: Fax Number:

[] NEW [] Change of Ownership (Old Number CL _____)

FEE: \$300.00 Biennial Renewal

(Make check or money order payable to New Mexico Board of Pharmacy)

[] Class A; [] Class B (1); [] Class B (2); [] Class B (3); [] Class C

Class A: Clinic drug permit for clinic where:

- A: dangerous drugs are administered to patients of the clinic;
B: more than 12,500 dispensing units of dangerous drugs are dispensed or distributed annually.

Minimum space requirement: (240 sq. ft. room)

Class B: Clinic drugs permit for clinics where dangerous drugs are: A:

- administered to patients of the clinic; and
B: dispensed or distributed to patients of the clinic. Class B drug permits shall Be issued by
categories based on the number of dispensing units of dangerous Drugs to be dispensed or
distributed annually, as follows:

- I. CATEGORY 1 – up to 2,500 dispensing units;
II. CATEGORY 2 – from 2,501 – 7,500 dispensing units;
III. CATEGORY 3 – from 7,501 – 12,500 dispensing units.

Minimum space requirement: Categories 1 & 2 (48 sq. ft. room) and Category 3 (96 sq. ft. room)

Class C: Clinic drug permit for clinics where dangerous drugs are administered to patients of the clinic. Minimum space
requirement: An area adequate for the formulary.

I (we) hereby make application for Drugs Permit for dangerous drugs which will be administered and dispensed for and to
patients on an out-patient basis, in accordance with the New Mexico Pharmacy Act, New Mexico Drug and Cosmetic Act; New
Mexico Controlled Substances Act, and Board of Pharmacy Rules and Regulations.

I (we) hereby understand that the license expires December 31 of every other year, and that license or permit is not transferable.
A separate license is necessary for each clinic location. This application must be received or postmarked by December 31. Please
attach the late penalty of \$75.00 if not postmarked by December 31.



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Please make sure that #1-6 are **ALL** answered and/or included with application before submittal.

1. Please circle letter beside appropriate category:
 - a. If an individual is owner, give name, address, and phone number;
 - b. If a partnership is owner, give name, address and phone number of all 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);

NAME	TITLE	HOME ADDRESS	CITY STATE ZIP

2. Consultant Pharmacist: _____ License No: _____
 Cell Phone #: _____

3. Pharmacy where employed: _____
 Pharmacy License #: _____

4. Clinic Federal DEA No: _____

5. NM Controlled Substance No: _____ Enter "pending" if applied for; or "N/A" for not applicable

6. Normal hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I/We have not been arrested, investigated for, charged with, convicted of, sentenced for, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offence 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 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 – Owner or Officer

Date

Print Name

Signature – Consultant Pharmacist

Date

Print Name and give NM pharmacist License Number

Name of Facility Where Employed and their license Number with BOP

Date



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PUBLIC HEALTH CLINIC POLICY AND PROCEDURES SELF ASSESMENT FORM

- ___ List of all Personnel 16.19.10.11N(2)a
- ___ Functions of all Personnel (2)b
- ___ Clinic Objectives (2)c
- ___ Formulary (2)d
- ___ Policy and Procedures Revision Date (2)f
- ___ Copy of Written Agreement, if any, between pharmacist and clinic (2)e

Per regulation 16.19.10.11N(g), policies and procedures manual shall include the following:

- ___ Security 16.19.10.11K(1,5)
- ___ Equipment 16.19.10.11N(g)
- ___ Sanitation 26-1-10(A)
- ___ Licensing 61-11-17, 26-1-16A(2)
- ___ Reference materials 16.19.10.11(M)
- ___ Drug storage 16.19.10.11(K)
- ___ Packaging and repackaging 16.19.10.11(F)
- ___ Dispensing and distributing 16.19.10.11(G)
- ___ Supervision 16.19.10.11N(2)(a)
- ___ Labeling and relabeling 16.19.10.11G(3)(a-h)
- ___ Samples 16.19.10.11(J)
- ___ Drug destruction and returns 16.19.10.11(L)
- ___ Drug and device procuring 16.19.10.11(E)
- ___ Receiving of drugs and devices 16.19.10.11(E)
- ___ Delivery of drugs and devices 16.19.10.11N(2)(g)
- ___ Record keeping 61-11-8; 26-1-16A(2); 16.19.10.11(E),(I)
- ___ Scope of practice 16.19.10.11N(2)(g)
- ___ Adverse Drug Event Reporting Procedures
- ___ Medication Error Prevention Policies and Procedures

****Any policies and procedures listed above that are not addressed in the manual will be considered incomplete, and returned as needed for revision****

Upon Pre-Licensing inspection, the following will be necessary at the facility:

- ___ Refrigerator
- ___ Daily Temp Log
- ___ Current Drug Reference
- ___ NMBOP Rules and Regulations
- ___ Poison Center Stickers

The consultant pharmacist providing services to a clinic shall assume overall responsibility for clinic pharmacy services, for clinic pharmacy supportive personnel, and for procedures as outlined in the procedures manual
16.19.4.11C(1)(a)

Consultant Pharmacist

Clinic Executive Director

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Phone #: _____

Phone #: _____

Date: _____

Date: _____