



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>

Limited Controlled Substance Registration Application

Check a box: New Application Change of ownership (Old license Number: CS _____)

Registration Class: (✓ mark ONLY one) Analytical Lab Teaching Institute Researcher

Name and Mailing Address:

Physical Location Address: (If different then mailing)

Telephone Number: _____ Fax Number: _____ E-Mail: _____

List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee:

Schedule of Drugs: (✓ mark schedules that are needed) 1 2 2N 3 3N 4 5

Initial Controlled Substance Research Applicants MUST submit the following:

1. Policies and Procedures manual that MUST include the following:

• Names of all individuals with access	• Security locked, substantially constructed cabinet Drug Procurement
• Drug storage area	• Invoices, receipts, and logs to be kept Drug source
• Describe the lock system	• Forms to indicate destruction (DEA Form 41) for destruction
• Drug Usage	• Required May 1 of each year Research Protocol
• Wastage/Destruction	• Wastage to be kept on a memorandum report, to be kept with licensees controlled substance records.
• Drug Storage Conditions	• Theft or unexplained loss procedure (DEA Form 106) Inventory Date (annual)
• Records or logs to be used for accountability Drug	• If any person with access to drugs resigns is dismissed, fired, or otherwise, leaves employment, notification to the Board is required in writing within ten (10) days.
• Required May 1 of each year Research Protocol	• Initial applications should contact a Board inspector to review the application procedure and discuss any additional requirements necessary for licensure.

I/we have not since the time of our initial licensure or last renewal, 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 since the time of our initial licensure or last renewal, had any disciplinary actions, or has any professional licensing authority investigated any pending actions against us, or to my knowledge.*

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 certify under penalty of perjury that the information given in this application is true and accurate to the best of my (our) knowledge.

Signature _____ Printed Name and Title _____ Date _____

FEE SCHEDULE FOR NEW REGISTRANTS ONLY

The chart shows when your controlled substance number will expire. New Mexico charges \$5.00 per month for this registration since the first year is prorated. The first letter of your last name determines the month in which your license number will expire; please submit only the amount of money required from the current month through the month that appears below next to the first letter of your last name. *If the amount is \$15 or less please also include an additional \$60 to cover the prorated year and the full year.

*Mail check or money order payable to **New Mexico Board of Pharmacy** to the address above.

January - M	April - Q, R	July - B	October - H, N
February - S	May - U, V, W, X, Y, Z	August - C, E	November - I, T
March - L, P	June - A, D	September - F, G	December - J, K, O

Please make sure that everything is filled out and signed before returning to us.