New Mexico Regulation and Licensing Department

Board of Pharmacy

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

Non-Resident Pharmacy Self-Assessment Form

Name of Pharmacy_____license number_____

The Pharmacist-In-Charge is responsible for completing this self-assessment form.
Please circle the correct answer. Return the completed form.

1. Has any State Licensing or Disciplinary Board or comparable body in the Armed Service, denied your application for licensure, reinstatement or renewal, or taken any action against your license, including, but not limited to reprimand, suspension, or revocation (license of Pharmacist-In-Charge and/or facility)? **Y N**
   If yes, explain and attach a copy of the relevant document(s).

2. Do (or will) you dispense controlled substances to patients in New Mexico? **Y N**
   A. If yes, do you have a current NM State Controlled Substance registration? **Y N**
      License #: CS_____ Expiration Date: _____

3. Does (or will) your pharmacy compound preparations for NM residents? **Y N**
   A. If yes, do you compound **sterile** preparations? **Y N**
      a. Are you compliant with USP <797> requirements? **Y N**
      b. Do you compound only patient specific preparations? **Y N**
      c. Are products only labeled for use on a specific patient? **Y N**
      d. Do you distribute or cause to be distributed into NM non-patient specific compounded product? **Y** N**
   B. If yes, do you compound **non-sterile** preparations? **Y N**
      a. Are you compliant with USP <795> requirements? **Y N**
      b. Do you compound only patient specific medications? **Y N**
      c. Are products only labeled for use on a specific patient? **Y N**
      d. Do you distribute or cause to be distributed into NM non-patient specific compounded product? **Y** N**

4. If compounded sterile preparations (CSP) are (or will be) shipped into NM, a copy of the most recent CSP operations inspection report conducted by the regulatory or licensing agency of the resident state (or party recognized by that agency to perform such inspection, or party recognized by the board) dated within the last 12 months and demonstrating conformance with the requirements of applicable USP/NF General Chapters numbered below 1000 is required. Documentation of corrective action for deficiencies must also be submitted.

** **A pharmacy cannot distribute or cause to be distributed non-patient specific compounded product (NPSCP) into New Mexico, other than non-sterile veterinary office use preparation, consistent with 16.19.30.9 NMAC. Compliance with 16.19.37 NMAC is required in order to distribute NPSCP into NM. If you answered Y to distributing into NM NPSCP, you must attach an explanation.**

If you would like to make any written comments about the content on the form, please write on the back of this form or attach a separate sheet of paper.

Attestation of truthful information provided and compliance with laws and regulations:

Producers of sterile preparation(s): The registrant/licensee is in compliance with USP <797> requirements, and applicable USP/NF General Chapters numbered below 1000; and only dispenses medication pursuant to a valid prescription as defined in NMSA 61-11-2(CC). The registrant/licensee is in compliance with NM Board of Pharmacy regulations, as applicable. I (we) attest under penalty of perjury that the information given on this form is true and accurate.

SIGNATURE-PHARMACIST-IN-CHARGE [16 NMAC 19.6.9(A)(8)] **DATE**

PRINTED NAME-PHARMACIST-IN-CHARGE **PHONE NUMBER & E-MAIL**

OR

I (we) do not produce sterile product. The registrant/licensee is in compliance with NM Board of Pharmacy regulations, as applicable. I (we) attest under penalty of perjury that the information given on this form is true and accurate.

SIGNATURE-PHARMACIST-IN-CHARGE **DATE**

PRINTED NAME-PHARMACIST-IN-CHARGE **PHONE NUMBER & E-MAIL**