



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

TEMPORARY PHARMACIST APPLICATION

Name:		
Last	First	Middle
Address:		
City	State	Zip
Telephone:		
Email:	Rph No.	

Date applied for License transfer with NABP: _____

Fees: \$50.00 (will be applied toward the initial Pharmacist Active Fee).

The Temporary license will expire in ninety (90) days.

Temporary Pharmacist Licenses shall not be renewed or extended. Pharmacist must submit/complete the new pharmacist application, including the remainder of the initial fee, after successfully completing the MPJE.

License #:	Sex:	Date of Birth:
Name of Employer:	Work Phone #:	
Work Address:	City:	
State:	Zip	SSN:

Providing a social security number is voluntary. If provided, the New Mexico Board of Pharmacy will not disclose this information unless requested by another law enforcement agency for official use. New Mexico statutes 61-11-1, 30-31-1, 26-1-1 required that the Board verify certain information prior to issuing licenses that allow persons to possess, prescribe, or dispense dangerous drugs and controlled substances. In lieu of providing the requested information, the applicant must personally deliver the applications to the office of the New Mexico Board of Pharmacy and provide two forms of positive identification along with a sworn affidavit stating that the applicant has had no criminal convictions.

List all states, and registration/license number, you currently or have been licensed in.

*The licensing agency in each state listed above must submit a statement to the board confirming the applicant to be or have been in good standing in that state.

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 _____ Date _____

I have not had any disciplinary actions, nor do I have any pending actions against me, or to my knowledge been investigated by any professional licensing authority.*

Signature _____ Date _____

*If the above statements are not true, explain the circumstances, include a copy of the judgment, and attach to this application.

I certify under penalty of perjury that the information on this application is true and accurate.

Signature _____

Date _____