



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

FACILITY CONTROLLED SUBSTANCE RENEWAL APPLICATION

Mail early processing time is 5 to 10 business days once we receive your application.

FEE: \$60.00 (Make check or money order payable to New Mexico Board of Pharmacy)

License # CS _____

Name & Mailing Address

Location Address: (If different than mailing)

Telephone Number: _____

Fax Number: _____

Schedule of Drugs (all needed): [X]2 []2N []3 []3N []4 []5

Check type of facility:

- [] Pharmacy [] Hospital [] Clinic [] Wholesale Distributor [] Researcher [] Teaching Institute [] Analytical Lab [] Repacker [] Manufacturer/Repacker

NM Board of Pharmacy License # _____

DEA # _____ Expiration date _____ This license MUST be current.

We have not since the time of our 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 _____

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

Signature _____

*Please explain any affirmative answer to questions above. Explain the circumstances, include a copy of the judgment, and attach to this application.

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Print Name and Title _____

Application and fees must accompany each other; otherwise application process will be delayed.

RETAIN A COPY OF BOTH THE APPLICATION AND FORM OF PAYMENT FOR FUTURE REFERENCE.