



BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
5500 San Antonio Dr. NE • Suite C • Albuquerque, New Mexico 87109
(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102

https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/

Pharmacist Renewal Application

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

License Number: RP \_\_\_\_\_

Employment Information:

Name: \_\_\_\_\_
Address: \_\_\_\_\_

Name: \_\_\_\_\_
Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_
HOME PHONE NO. \_\_\_\_\_
MOBILE PHONE NO. \_\_\_\_\_

WORK EMAIL ADDRESS: \_\_\_\_\_
WORK PHONE NO. \_\_\_\_\_

( ) Active Renewal ( ) Inactive Renewal

Fees: Active \$200 / \$50 Late fee\*

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

Fees: Inactive \$70 / \$17.50 Late fee\*

You must not have been engaged in the practice of pharmacy this licensing period and/or will not practice pharmacy during this renewal period to qualify for inactive status.

\*If not postmarked by current license expiration date this late fee applies. If renewal is returned to you, for any reason, and it is not returned to us by the expiration date please submit the late fee.

\*\*The renewal fee may be waived for individuals who are currently serving in the United States military in an active war zone or who serve in direct support of operation in active war zones. Please provide relevant documentation if this applies.

Does this apply to you? ( ) YES ( ) NO

\*\*The initial renewal fee may be waived for United States military service members, spouses (includes surviving spouse of a member who at the time of member's death was serving on active duty), dependent children, and veterans who obtained pharmacist licensure by reciprocity. Please provide relevant documentation if this applies.

Does this apply to you? ( ) YES ( ) NO

RPh Prescriptive Authority, 16.19.26 NMAC [required continuing education (CE) for each category is in addition to the 30 hours required in 16.19.4.10 NMAC]:

Table with 3 columns: Activity, Hours, and Yes/No columns. Rows include HIV Post-Exposure Prophylaxis (PEP), Hormonal Contraception (HC), Naloxone for opioid overdose, Tb Testing, Tobacco Cessation (TC), and Vaccines.

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you licensed in other states? ( ) YES ( ) NO

Indicate state(s) & license number(s) \_\_\_\_\_

I have not since the time of my 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 \_\_\_\_\_ Date \_\_\_\_\_

I have not since the time of my last renewal 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 \_\_\_\_\_

I have completed all required CE during my current license period and have the CE documentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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