



## 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  
[www.RLD.state.nm.us/pharmacy.aspx](http://www.RLD.state.nm.us/pharmacy.aspx)

### Pharmacist Clinician RENEWAL Application

Renewal Fee: \$70 Biennially (Please pay by check or money order)

**\*\*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

Pharmacist Clinician #: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Provide a list of all supervising physician(s), including address, phone number and license numbers. List

place(s) of business as a pharmacist clinician.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Renewal applicants must submit the following. Check applicable boxes.**

- (a) Documentation of continuing education hours, including proof of completion of twenty (20) hours of American Council of Pharmaceutical education approved (ACPE) or category I of the American Medical Association approved (AMA), (live continuing education meeting, seminar, workshop, symposium), beyond the required hours in 16.19.4.10 NMAC (as amended), as required by the board. A pharmacist clinician with a controlled substance registration to prescribe controlled substances listed in Schedule II or Schedule III shall complete a minimum of 0.2 CEU (2 contact hours) per renewal period in the subject area of responsible opioid prescribing practices,
- (b) A current protocol of collaborative practice signed by the pharmacist clinician and supervising physician (if prescriptive authority is sought)
- (c) A copy of the pharmacist clinician's registration with the supervising physician's board (if prescriptive authority is sought)

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 \_\_\_\_\_

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 \_\_\_\_\_

If the above statements are not true, 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.

Print Name: \_\_\_\_\_

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

**Retain a copy of both the application and form of payment for future reference. Mail early.  
There will be 5-10 days of processing time once your application is received.**