

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.nm.gov/pharmacy/

PROVISIONAL PHARMACIST LICENSE APPLICATION (RECIPROCITY)

Name: Last	First:		Middle:
Address:			
City:	State:		Zip:
Telephone:			
E-mail:		RPh No.	

Date applied for pharmacist license transfer with NABP: _____

Fee: \$200.00 (will be applied toward the initial Pharmacist Active Fee).

Waiver of registration fees: The board of pharmacy waives the registration fee 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 are applying for pharmacist licensure by reciprocity.

Military service members, including a spouse, dependent, and veteran, are exempt from the initial license fee and initial license renewal fee paid to the board set forth in 16.19.12 NMAC, and must provide documentation of eligibility:

- (1) For a military service member, a copy of the service member's military orders.
- (2) For a spouse of a military service member, a copy of the service member's military orders and a copy of the marriage license.
- (3) For a spouse of a deceased military service member, a copy of the decedent's DD 214 and a copy of marriage license.

(4) For dependent children of military service members, a copy of military service members orders listing dependent child, or a copy of military orders and one of the following: a copy of birth certificate, military service federal tax return, or other governmental or judicial documentation establishing

(5) For veterans, retired or separated, proof of honorable discharge, a copy of DD 214, DD 215, DD 265, DD 257, NGB 22, military ID card, a state-issued driver's license or identification card with veteran's designation, a veteran ID card (VIC) issued by the U.S Department of Veteran's Affairs, or other official documentation verifying the veteran's honorable discharge from military service.

Provisional Pharmacist Licenses will expire at one year and shall not be renewed or extended as such, except for military service members and their spouses who relocate residency to NM because of military orders for military service as specified in 16.19.3.16 NMAC. All others must submit/complete the new pharmacist license application after successfully completing the NM MPJE.

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

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

*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 never been charged or arrested for an alleged felony or misdemeanor (other than minor traffic offenses). If you have, do not sign the first statement and please provide details as to each arrest or charge, including the date and court, and attach all records available to you that indicate the disposition of the arrest or charge.* 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.*

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 _____