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

SCHOOL BASED EMERGENCY MEDICINE
CLASS D CLINIC
INITIAL APPLICATION

Applications and fees must accompany each other; otherwise processing time will be delayed.
Retain a copy of both the application and form of payment for future reference.
Mail early: 5-10 days processing time once application is received

*****Complete and initial each item on PAGE 3 BEFORE submitting application, failure to complete will result in a delay of processing and will be returned as needed for completeness*****

Name and Mailing Address: **Physical Location address: (If different than Mailing)**

Email: Web Address:

Phone Number: Fax Number:

[ ] NEW **[ ] Change of Ownership (Old Number CL_____)**

FEE: $30.00 Initial Application, plus $50.00 Biennial Renewal
(Make check or money order payable to New Mexico Board of Pharmacy)

Class D: Clinic drug permit for clinics where epinephrine auto-injector and/or albuterol MDI are administered to patients of the clinic. Minimum space requirement: An area adequate for the formulary.

I (we) hereby make application for Drugs Permit for epinephrine auto-injector and/or albuterol MDI which will be administered to patients, in accordance with the New Mexico Pharmacy Act, New Mexico Drug and Cosmetic Act; and the New Mexico Board of Pharmacy Rules and Regulations.

I (we) hereby understand that the license expires December 31 of every other year, and that license or permit is not transferable. A separate license is necessary for each clinic location. This application must be received or postmarked by December 31. Please attach the late penalty of $12.50 if not postmarked by December 31.

Complete the following:

1. Please circle letter beside appropriate category:
   - **a.** If an individual is owner, give name, address, and phone number;
   - **b.** If a partnership is owner, give name, address and phone number of all partners (attach list)
   - **c.** If a corporation or municipality, list name, address, phone number and title of all officers, (attach list);
   - **d.** If county, city, state or church is owner, give name, address, phone number and title of all officers, (attach list);

NAME TITLE HOME ADDRESS CITY STATE ZIP

2. Consultant Pharmacist: _____ NM RP#: _____
   Contact Phone #:_____

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SCHOOL BASED EMERGENCY MEDICINE

CLASS D CLINIC

INITIAL APPLICATION (Continued)

I/We have not been arrested, investigated for, charged with, convicted of, sentenced for, 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/We have not had any disciplinary actions, or have any pending actions against me/us, or to my knowledge been investigated by any professional licensing authority. **

Signature: _____

****Please explain any failure to sign. Explain the circumstances, include a copy of the judgment, and attach to this application.**

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

_____ _____
Signature – Owner or Officer Date

_____
Printed Name

_____ _____
Signature – Consultant Pharmacist Date

_____
Printed Name and give NM pharmacist License Number

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SCHOOL BASED EMERGENCY MEDICINE
CLASS D CLINIC
INITIAL LICENSURE APPLICATION CHECK LIST

1. The following are included with this initial license application:

___ a. Pictures of:

___ i. drug storage area(s)

___ ii. Secondary, secure but unlocked, tamper-evident medication storage container

___ iii. Thermometer for monitoring drug storage area temperature

___ b. Completed School Based Emergency Medicine Class D Clinic Pre-licensure Self-Assessment

2. The following are available, and properly utilized:

____ a. School Based Emergency Medical Class D Clinic NM Board of Pharmacy Policy and Procedure Manual
____ b. Thermometer
____ c. Daily Temp Log
____ d. Current Drug Reference
____ e. NMBOP Rules and Regulations
____ f. Poison Center Stickers

The consultant pharmacist providing services to a clinic shall assume overall responsibility for School Based Emergency Medicine Class D Clinic operations and functions, trained and authorized personnel, and procedures as outlined in the procedures manual 16.19.4.11(C)

Consultant Pharmacist	Clinic Contact Person
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Phone #: _____	Phone #: _____
Date: _____	Date: _____

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SCHOOL BASED EMERGENCY MEDICINE CLASS D CLINIC PRE-LICENSURE SELF-ASSESSMENT

Clinic Name:_____Date: _____
Clinic Address:_____ City:_____ Zip: _____
Clinic Phone:_____ Clinic Fax:_____
Email: _____
Clinic Contact person & Phone number: _____

1. Is the clinic using the School Based Emergency Medicine Class D Clinic (SBEM CDC) NM Board of Pharmacy Policy and Procedure Manual?	Yes	No
2. Drug(s) to be kept in the SBEM CDC are limited to albuterol MDI and/ or epinephrine auto-injector?	Yes	No
3. Have trained and authorized personnel read signed, and understand, the SBEM CDC NM Board of Pharmacy Policy and Procedure Manual?	Yes	No
4. Has the consultant pharmacist read, signed and understand the SBEM CDC NM Board of Pharmacy Policy and Procedure Manual?**	Yes	No
5. Is the drug storage area(s) kept clean, sanitary and orderly?	Yes	No
6. Is there a secondary, secure but unlocked tamper-evident container that will hold the drug in the manufacturer's original packaging until time of use? (e.g. a tackle box)	Yes	No
7. Are drug(s) secure, yet readily accessible only to trained and authorized personnel?	Yes	No
8. Is there a current list of trained and authorized personnel? (Department of Health form)	Yes	No
9. Is there a secure quarantine area for unusable/ unwanted drug?	Yes	No
10. Does/do the drug storage area(s) have a thermometer(s)?	Yes	No
11. Is/are thermometer(s) being used to maintain proper temperature of drug storage area(s)?	Yes	No
12. Is the drug storage area(s) temperature monitored & documented as instructed in the SBEM CDC NM Board of Pharmacy Policy and Procedure Manual?	Yes	No
13. Is there a current and appropriate drug information reference, either in print or online available?	Yes	No
14. Is a current copy of the NM State Board of Pharmacy laws and regulations, either in print or online available?	Yes	No
15. Is the poison control center telephone number readily available?	Yes	No

**16. Is there a consultant pharmacist? (TO BE COMLETED BY PHARMACIST)	Yes	No

Name of consultant: _____ NM RP #: _____
Phone Number: _____

I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE

Printed name & title of clinic representative	Signature	Date
_____	_____	_____

I HAVE REVIEWED AND APPROVE THIS COMPLETED PRE-LICENSURE SELF-ASSESSMENT FORM**

Printed name of Consultant R.Ph.	Consultant R.Ph. signature	NM RP#	Date
_____	_____	_____	_____

**To be completed by consultant pharmacist ONLY