

03/22/17



# New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

## Board of Pharmacy

5500 San Antonio Drive NE, Suite C, Albuquerque, New Mexico 87109

(505) 222-9830 • (800) 565-9102 Toll Free

<http://www.rld.state.nm.us/boards/Pharmacy.aspx>

### Practitioner's Controlled Substance Registration Application

- INSTRUCTIONS:**
- (1.) Application - NO photocopies and must be filled out in its entirety for acceptance
  - (2.) Fee - Look for fee schedule at the bottom of this form and should NEVER be more than \$75
  - (3.) Copy of NM professional license - MUST be mailed with application to avoid delays

Please DON'T staple or tape the documents and make sure you are mailing the ORIGINAL application.

Processing time is 5 to 10 business days once it is received in our office.

Applicant name (Please print): Regan E. Riley

Date of Birth: [REDACTED] Social Security Number: [REDACTED] Gender:  M  F

Home Address: (required for registration) [REDACTED]	Mailing address: <u>SAME</u>	Work Name & Address: <u>University of New Mexico 221 Lomas Blvd. NE</u>
City, State & Zip: [REDACTED]	City, State & Zip: <u>SAME</u>	City, State & Zip: <u>ABQ, NM 87106</u>
Home Telephone #:	Cellphone #: [REDACTED]	Work Telephone #: <u>505.272.2245</u>
Email address: [REDACTED]		

Schedule of Drugs (✓ mark all needed): 2 2N 3 3N 4 5

New Mexico Professional Board (✓ mark the correct board): Temporary professional licenses will NOT be accepted!!!

Dental Medical Nursing Optometry Podiatry Midwifery Chiropractic Veterinary Other:

New Mexico Professional License # A-2032-17 Current Expiration Date 07/01/2017

\*\*\*A copy of this professional license MUST be mailed with this application for issuance of controlled substance license, no exceptions\*\*\*

I have not 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 Regan E. Riley

I have not any disciplinary actions, or have any pending actions against me, or to my knowledge been investigated by any professional licensing authority. \*

Signature Regan E. Riley

\*Please explain any failure to sign the statements 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 Regan E. Riley Date 3/23/17

#### FEE SCHEDULE FOR NEW REGISTRANTS ONLY

The chart shows when your controlled substance number will expire. New Mexico charges \$5.00 per month for this registration since the first year is prorated. The first letter of your last name determines the month in which your license number will expire; please submit only the amount of money required from the current month through the month that appears below next to the first letter of your last name. \*If the amount is \$15 or less please also include an additional \$60 to cover the prorated year and the full year.

\*Mail check or money order payable to New Mexico Board of Pharmacy to the address above.

January - M	April - Q, R	July - B	October - H, N
February - S	May - U, V, W, X, Y, Z	August - C, E	November - I, T
March - L, P	June - A, D	September - F, G	December - J, K, O

Revision date: 10/2015

MAR 28 '17 AM 10:02

Handwritten notes: CK 745, \$65, 143729

*State of New Mexico*



**BOARD OF OSTEOPATHIC MEDICAL EXAMINERS**

**THIS IS TO CERTIFY THAT**

**Regan Elizabeth Riley**

**LICENSE NUMBER: A-2032-17**

**HAVING COMPLIED WITH THE LAWS OF THE STATE OF NEW MEXICO REGULATING OSTEOPATHIC  
MEDICINE IS HEREBY AUTHORIZED TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY.**

**ISSUE DATE: 03/14/2017**

**DATE EXPIRES: 07/01/2017**

**THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS**

**Summary**

Name	Address	License Type	License Number	License Status
Regan E Riley	University of New Mexico, 2211 Lomas Boulevard NE Albuquerque NM 87106	Controlled Substance	CS00224283	Active

**Payment**

Receipt Number	Payer	Date Received	Type	Status	Amount	Refunded Amount
2061720	Regan E Riley	03/22/2018	Credit Card	Accepted	\$60.00	\$0.00

Regan E Riley	CS00224283	Pharmacy	Controlled Substance	Questionnaire	3/22/2018 11:08:30 AM	(1) We(I) - Have you since the time of your 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?	N
Regan E Riley	CS00224283	Pharmacy	Controlled Substance	Questionnaire	3/22/2018 11:08:30 AM	(2) We(I) - Have you since your last renewal have any disciplinary actions and/or, pending actions against you, or to your knowledge have been investigated by any professional licensing authority?	N
Regan E Riley	CS00224283	Pharmacy	Controlled Substance	Questionnaire	3/22/2018 11:08:30 AM	Are you currently enrolled in the PMP program?	Y