

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

- (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 | 0.00-00 50,000,000,000 |
|--|---|--|
| Date of Birth: | Social Security Number: | Gender: ☐ M 💆 F |
| Home Address: (required for registration) | Mailing address: | Work Name & Address: |
| | SAME | University of New Mexico 2211 Lamos Blud. NE |
| City, State & Zip: | City, State & Zip: | City, State & Zip: |
| | SAME | ABO, NM 87106 |
| Home Telephone #: | Cellphone #: | Work Telephone #: 505・272・2345 |
| Email address: | | |
| Schedule of Drugs (√mark all needed): 🗵 | 72 San | ₫ 5 |
| New Mexico Professional Board (√ ma □Dental MMedical □Nursing □O | rk the correct board): <u>Temporary professi</u> ptometry □Podiatry □Midwifery □Ch | onal licenses will NOT be accepted!!! |
| New Mexico Professional License # | | Expiration Date 07/01/2017 |
| ****A copy of this professional license M | IUST be mailed with this application for issuan | ce of controlled substance license, no exceptions**** |
| I have not been arrested, investigated for, legal agreements for any riminal offense Signature | charged with, convicted of, sentenced, entered in any state, territory or possession of the Unite | d a plea of nolo contendere, or entered into any other ed States or by the federal government. * |
| authority. * Signature | 2: | wledge been investigated by any professional licensing |
| *Please explain any failure to sign the state | ments above. Explain the circumstances, include | a copy of the judgment, and attach to this application. |
| I hereby certify that the information g | iven in this application is true and correct t | |
| Signature Man. | //D | ate3/23/17- |
| | FEE SCHEDULE FOR NEW REGISTRANT | |
| year is prorated. The first letter of your las | stance number will expire. New Mexico charge st name determines the month in which your li | cense number will expire; please submit only the own next to the first letter of your last name. *If the |

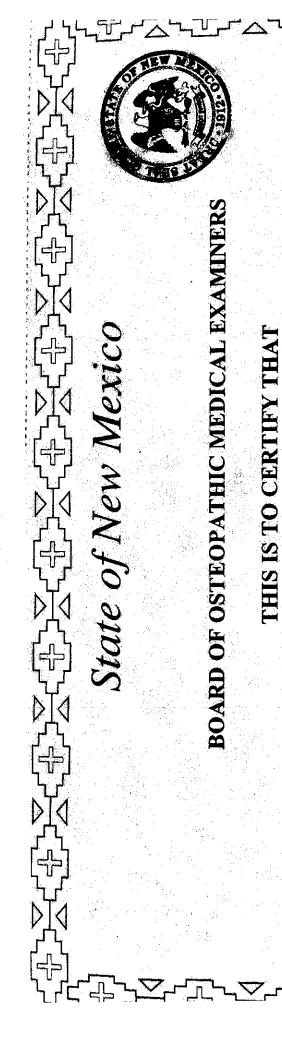
amount is \$15 or less please also include an additional \$60 to cover the prorated year and the full year.

*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

0x 745 x 145 x 145



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 |

| Receipt Number | Payer | Date Received | Туре | Status | Amount | Refunded Amount |
|----------------|---------------|---------------|-------------|----------|---------|--------------------------|
| 2061720 | Regan E Riley | 03/22/2018 | Credit Card | Accented | \$60.00 | an contract the contract |

| Regan E Riley | CS00224283 | Pharmacy | Controlled Substance | Questionnaire | 11:08:30 | (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? | ile (in Anne ile personale en |
|------------------|------------|----------|-------------------------|---------------|----------|--|--|
| Regan E Riley | CS00224283 | Pharmacy | Controlled Substance | Questionnaire | 11:08:30 | (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? | is for the same of |
| Regan E Riley | CS00224283 | Pharmacy | Controlled Substance | Questionnaire | | Are you currently enrolled in the PMP program? | Υ |