



Licensee Details

Demographic Information

Title:	First: Carol	Middle: Elizabeth	Last: Griffin	Suffix:
DOB:	SSN:	Gender: Female	POB:	
Citizenship Status:		Ethnicity:	Home State:	
Name: Carol Elizabeth Griffin		Owner:		
FEIN:		MID #:		Type:

Address Information

License Information

DBA:				
Lic #: CS00222538	Profession: Pharmacy	Type: Controlled Substance	Secondary:	
Status: Expired	Issued: 12/9/2015	Expiry: 9/30/2018	Effective: 12/9/2015	
Reason: License Expired	Date: 10/1/2018	Renewed: 8/23/2017	Deg. Suff:	
Method: Application	State:	Country:	LOA Issue:	
Appealed:	Result:	Effective:	LOA Expiry:	

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

Dea No:	Drug Schedule 1:	No	Drug Schedule 2:	Yes	Drug Schedule 2n:	Yes	
Drug Schedule 3n:	Yes	Drug Schedule 4:	Yes	Drug Schedule 5:	Yes	Drug Schedule 3:	Yes

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

No Aliases

Aliases

No Aliases

Related Documents

No Related MLO Documents

Course	Title	Credit Hours	Category	Date Completed
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CE Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed
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Prior CE Cycle Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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New Mexico Regulation & Licensing Department
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