

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.rid.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.

#1119984 Applicant name (Please print): Gender: □ M □ Date of Birth: Social Security Number: _ Work Name & Address: Home Address: (required for registration) Mailing address: Pecas Valley Med Group 2420 W Pierce St. City, State & Zip: City, State & Zip: Carlshad NM Work Telephone #: Home Telephone #: Cellphone # Email address: Schedule of Drugs (√ mark all needed): 22. ⊠ŹN **33**. **⊠**3N \square 4. New Mexico Professional Board (√mark the correct board): Temporary professional licenses will NOT be accepted!!! Dental Medical Divirsing Doptometry Dendiatry Midwifery Dehiropractic Deterinary Other: New Mexico Professional License # MN 2018 -0911 Current Expiration Date 7-1-19 ****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 calminal offense in any state, territory or possession of the United States or by the federal government. *

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 *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

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

Leaft N Tricres, MD
Licensed Physician #MD2018-0911

11/02/2008

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New Mexico Minister Board Triennal Renewal Cetallicate

Leah N Torres, MD

License Number: MD2M9-0911

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License to practice to the State of New Medical Region and Engelish

Issue Date: 11/02/2018 Date Expires: 07/01/2019

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