



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5500 San Antonio Dr. NE Suite C • Albuquerque, New Mexico 87109
(505) 222 9830 • (800) 565-9102
<http://www.rld.state.nm.us/boards/pharmacy.aspx>

Handwritten signature and date: 7/3/2019

PRACTITIONER'S CONTROLLED SUBSTANCE RENEWAL APPLICATION

FEE: \$60.00 (Make check or money order payable to New Mexico Board of Pharmacy)

Mail early the processing time is 5 to 10 business days once we receive your application.

NO staples or tape please!!!!

Or Renew online with a credit card at: <https://mylicense.rld.state.nm.us/>
using this Registration Code: **39232190**

Do you have an active PMP ACCOUNT: Yes No

CS00207614 Expiration: 04/30/2019

Emily Rothman, D.O.

[Redacted]

Work Address currently on file: *****

Kewa-Pueblo Health Corporation, P.O. Box 559
Santo Domingo Pueblo, NM 87052

Email address: _____

If addresses above have changed please provide us with the corrected ones below.

Mailing Address: _____

Handwritten: HIZ SCHELL

Home Phone # _____

Work Address: _____

*Handwritten: Southwest Care
4710 Jefferson, NE Suite A*

Handwritten: Albuquerque NM 87109

Handwritten: Phone # 505-780-4040

(P.O. Box not acceptable must be physical address)

SCHEDULE OF DRUGS: 2 2N 3 3N 4 5

New Mexico Professional Board (circle):

Dental Medical Nursing Optometry Podiatry Midwifery Veterinary Chiropractic Other: Osteopathic

Social Security # [Redacted] 6771 Due to new procedures you must supply or you cannot renew!!

New Mexico Professional License # A-1176-01

Expiration Date 07/01/2019

Federal DEA # [Redacted]

DEA Expiration Date 04/30/2020

These license numbers are required and expiration dates MUST be current.

I have not since the time of my 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.

Signature _____ *Handwritten: DD*

I have not since the time of my last renewal had any disciplinary actions, or has any professional licensing authority investigated any pending actions against me, or to my knowledge.

Signature _____ *Handwritten: Please see attached.*

If the above statements are not true, 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 _____ *Handwritten: DD* Date 3/27/19

Print Name and Title Emily Rothman D.O.

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.

*******Please note you will NOT be able to change the work address if you renew online, if you no longer work at the address on this form please mail in renewal with the new information where indicated and a \$60 check or money order.**

Handwritten: 2179892

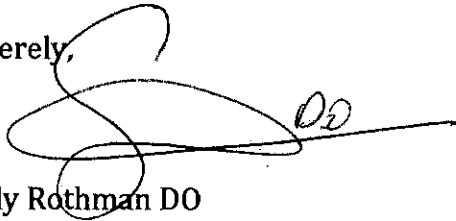
*Handwritten: #0926
Law*

March 27, 2019

To Whom It May Concern:

A complaint was submitted to the New Mexico Osteopathic Medical Board about a pro-bono patient I have been treating for several years, and my formal response was promptly submitted. A DEA Agent also contacted me concerning my treatment of the same patient. Based on consultation with my attorney, it's my understanding that both matters should be resolved favorably to me once the State and Federal Agents have had an opportunity to review the evidence administered.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'E' followed by 'Rothman' and 'DO' written in smaller letters.

Emily Rothman DO