

CS0023173



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>

MA
du

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.

1231381

Applicant name (Please print): Allison Gilbert

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

Home Address: (required for registration) [redacted]	Mailing address: [redacted]	Work Name & Address: Southwestern Women's options 525 Lomas Blvd NE
City, State & Zip: [redacted]	City, State & Zip: [redacted]	City, State & Zip: Albuquerque, NM 87102
Home Telephone #: n/a	Cellphone #: [redacted]	Work Telephone #: 505-242-7512
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 # MD2022-0243 Current Expiration Date 07/01/2022

****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 Allison Gilbert

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 Allison Gilbert

*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 Allison Gilbert Date 4/25/2022

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

245875

0104-1155
30-

NEW MEXICO MEDICAL BOARD

Hereby authorizes and licenses

Allison Lynne Gilbert, M.D.

*to practice medicine in the State of New Mexico, in accordance with the
laws regulating the practice of medicine in this state.*

Dated at Santa Fe, New Mexico on 03/25/2022



P. Beaudette, M.D., Board Chair