



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy

5200 Oakland Avenue NE, Suite A, Albuquerque, New Mexico 87113
(505) 222-9830 • (800) 565-9102 Toll Free
<http://www.rld.state.nm.us/boards/Pharmacy.aspx>

Practitioner's Controlled Substance Registration Application

Applications and fees must accompany each otherwise processing time will be delayed.
Mail early processing time is 5 to 10 business day's once it is received in our office.

Applicant name (Please print): Brenda Pereda

Date of Birth: [REDACTED]

Social Security Number: [REDACTED]

Gender: ☐ M ☒ F

Home Address: (required for registration) [REDACTED]	Mailing address: 1 University of New Mexico School of Medicine, MSC10 5580 Dept. of Obstetrics & Gynecology Albuquerque, NM 87131-0001	Work address: 1 University of New Mexico School of Medicine, MSC10 5580 Clt Dept. of Obstetrics & Gynecology Albuquerque, NM 87131-0001
Home Telephone #: [REDACTED]	Cellphone #: [REDACTED]	Work Telephone #: <u>505-272-4155</u>
Email address: [REDACTED]		

Schedule of Drugs (☒ all needed): ☒ 2 ☒ 2N ☒ 3 ☒ 3N ☒ 4 ☒ 5

New Mexico Professional Board (☒ board): ☐ Dental ☒ Medical ☐ Nursing ☐ Optometry ☐ Podiatry ☐ Midwifery ☐ Veterinary

Other: _____

New Mexico Professional License # M.D. 2011-0600 Current Expiration Date 7-1-15

****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 [Signature]

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 [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 [Signature] Date 8/23/13

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.

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

Mail check or money order payable to New Mexico Board of pharmacy to the address above

New Mexico Medical Board
Triennial Renewal Certificate

to UNMME and Central
P.O. (POEPAL) 115/12

This is to certify that

Brenda Pereda, MD

License Number: MD2011-0600

Having complied with the provisions of the Medical Practice Act is
hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 07/29/2011 Date Expires: 07/01/2015*

**A New Mexico medical license that has not been renewed by July 1
of the renewal year will remain temporarily active with respect
to medical practice until September 30 of the renewal year at
which time, the status will be changed to lapsed. A lapsed
license is not valid for practice in New Mexico.*

This License Must Be Conspicuously Posted In Each Practice Location



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5200 Oakland Avenue, NE • Suite A • Albuquerque, New Mexico 87113

(505) 222-9830 • Fax (505) 222-9848 • (800) 565-9102

<http://www.rld.state.nm.us/boards/pharmacy.aspx>

PRACTITIONER'S CONTROLLED SUBSTANCE RENEWAL APPLICATION

FEE: \$60.00 (Make check or money order payable to New Mexico Board of Pharmacy)
Please mail early processing time is 5 to 10 business days once received in our office.

License Number: CS 002168166

Work Name and Address:

Name: Branda Pereda, MD

MD 105580

Address:

1 University of NM
Albuquerque NM 87131

Home Phone

Work Phone # (505) 278-9827

Email address:

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

Schedule of Drugs (☒ all needed): ☒ 2 ☒ 2N ☒ 3 ☒ 3N ☒ 4 ☒ 5

New Mexico Professional Board (☒ board): ☐ Dental ☒ Medical ☐ Nursing ☐ Optometry

☐ Podiatry ☐ Midwifery ☐ Veterinary ☐ Other:

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

New Mexico Professional License # MA2011-0600

Expiration Date 7/1/2015

Federal DEA # [REDACTED]

DEA Expiration Date 3/31/2014

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 [Signature]

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 _____

*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 [Signature]

Date 1/23/2013

Print Name and Title Branda Pereda, MD

Our office must receive application and fees at the same time; otherwise processing time will be delayed.

Retain a copy of both the renewal form and form of payment for future references.

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OK 30854529
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TANOURY, NAUTS, McKINNEY & GARBARINO, PLLC

Attorneys & Counselors

333 West Fort Street, Suite 1800, Detroit, Michigan 48226

Telephone: (313) 964-4500 Fax: (313) 964-9382

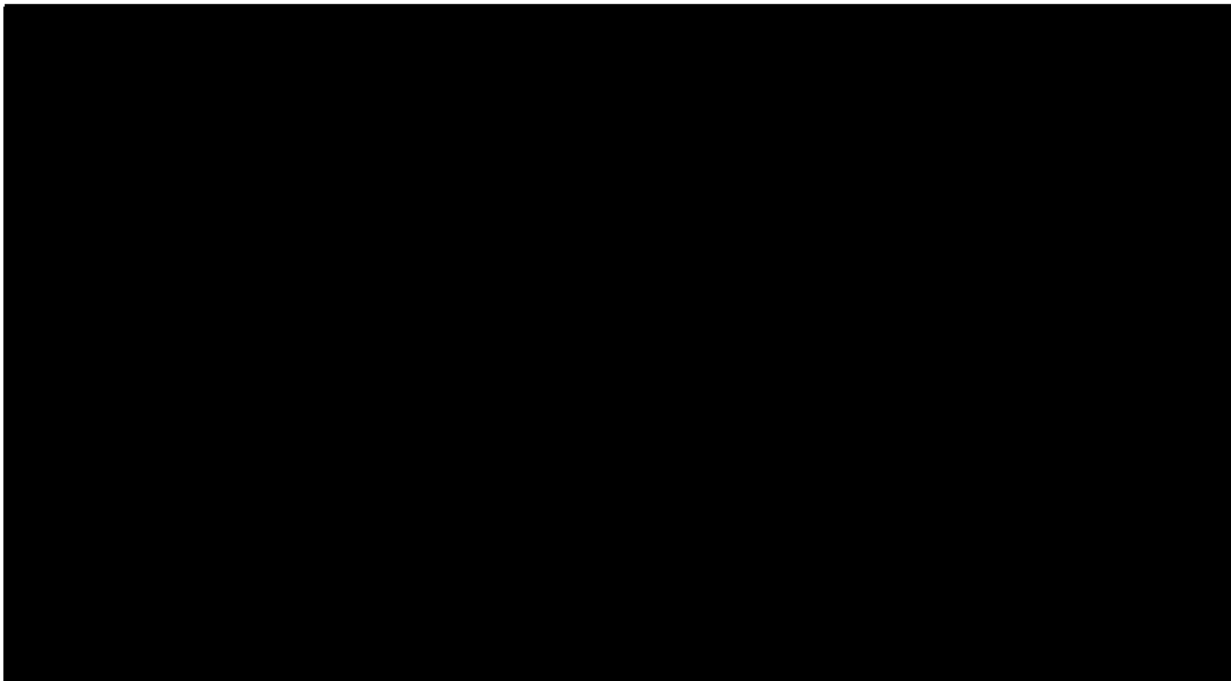
William A. Tanoury
David R. Nauts
Cullen B. McKinney
Linda M. Garbarino
Judith A. Parrott
Carmine G. Paterza
Anita Comorski
Bart P. O'Neill
Carlos A. Escurel

Stefanie E. Deller
Gina C. Mundy
Marisa A. Resto
Amanda M. Trott
Jonathan P. Mona
Michael T. LaMarra
Stefanie R. Phillips
*Elizabeth A. McIntyre
of Counsel*

January 25, 2013

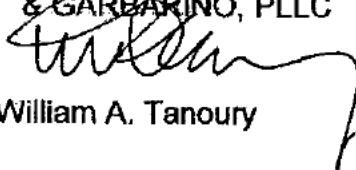
Re: Brenda Pereda, M.D.

To Whom it May Concern:



Very truly yours,

TANOURY, NAUTS, McKINNEY
& GARBARINO, PLLC


William A. Tanoury

WAT/srh

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REC 111 PM 2:15

BOARD OF PHARMACY

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
5200 Oakland Avenue, NE • Suite A • Albuquerque, New Mexico 87113
(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102
www.RLD.state.nm.us/pharmacy

PRACTITIONER'S CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Applications and fees must accompany each; otherwise processing time will be delayed.
Retain a copy of both the application and form of payment for future reference.
Mail early-5-10 days processing time once application is received

*FEE (please see back of form for fees; pay with check or money order)

HOME ADDRESS & PHONE NUMBER (REQUIRED FOR REGISTRATION)

[Redacted]

HOME PHONE #:

[Redacted]

Mailing Address:

Same

Phone #

Email:

[Redacted]

Location Address:

Dept of obstetrics and gynecology
MSC 10 5500
University of New Mexico
Albuquerque NM 87131
(505) 272-2255

SCHEDULE OF DRUGS (circle): 2 2N 3 3N 4 5

New Mexico Professional Board (circle):

Dental Medical Nursing Optometry Pharmacy Podiatry Midwifery
Veterinary Other:

New Mexico Professional License #

MD2011-0600

Expiration Date

7/01/2012

A copy of professional license is required for issuance of controlled substance license, no exceptions

Federal DEA #

Expiration Date

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

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.

Date of Birth

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

Signature

[Signature]

Date

8/1/2011

Print Name and Title

BRENDA PEREDA MD

508821
128805
OK 3/6/11
AD
P

Brenda Pereda, MD	
Licensed Physician #MD2011-0600	
Issue Date 07/29/2011	Expiration Date 07/01/2012
Signature of Holder	

This license is prohibited by law from being used for any purpose other than the one for which it was issued. Any use for any other purpose is strictly prohibited.

New Mexico Medical Board
Triennial Renewal Certificate

This is to certify that

Brenda Pereda, MD

License Number: MD2011-0600

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 07/29/2011 Date Expires: 07/01/2012*

**A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

This License Must Be Conspicuously Posted in Each Practice Location



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) 563-9102 Toll Free

<http://www.rld.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.

Applicant name (Please print): Brenda Pereda, M.D.

Date of Birth: [REDACTED] Social Security Number: [REDACTED] Gender: ☐ M ☒ F

Home Address: (required for registration)	Mailing address:	Work Name & Address:
[REDACTED]	[REDACTED]	Los Alamos Physician Services
		3917 West Rd Suite 125
		City, State & Zip:
		Los Alamos
		NM 87544
		Work Telephone #:
		(505) 661-9201
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 # MD2011-0000 Current Expiration Date 07/01/2021

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 [Signature]

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 [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 [Signature]

Date 3/2/21

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

\$65.00

Revision date: 10/2015

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New Mexico Medical Board
 2055 S. Pacheco, Building 400
 Santa Fe, NM 87505
 505-476-7220 fax 505-476-7237
 (toll free within New Mexico 800-945-5845)

General Information

Licensee	Brenda Pereda	License Type	Medical Doctor
Business address	1 University of New Mexico MSC10 5580	License Number	MD2011-0600
Business address	Dept of OBGYN UNMH 4 ACC	License Status	Active
Business address	MSC 10 5580		
Business city state zip	Albuquerque NM 87131	License Date	07/29/2011
Business phone	505-272-4155	**License Expires	07/01/2021
Medical School	Michigan State Univ COM		
Graduation Date	08/16/2007		
*Specialty	Obstetrics and Gynecology		

**For MD's only a New Mexico Medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

***For PA's only a New Mexico Medical license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until April 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: www.abms.org to determine if the physician has earned a specialty certification from this private agency.

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PUBLIC ACTIONS:None
 (while licensed in New Mexico)

New Search

This Board's data has been searched 11209890 times since 05/08/2001
 Date information last updated: 03/01/21