

\$100 fee enclosed: \_\_\_\_

\$25 Change of Supervising Physician fee \_\_\_\_

**NEW MEXICO MEDICAL BOARD**  
2055 S Pacheco Street  
Building 400  
Santa Fe, NM 87505  
Voice 505-476-7227 Fax 505-476-7233

**PHYSICIAN SUPERVISOR OF PHARMACIST CLINICIAN  
&  
CHANGE OF SUPERVISING PHYSICIAN**

State law gives prescriptive authority, as defined in the Act (Section 61-11B-1 through 61-11B-3 NMSA 1978), to “pharmacist clinicians” working under the supervision of a New Mexico licensed physician. The Pharmacist Clinician must be registered with the Board of Pharmacy and the Supervising Physician must be registered with the NM Board of Medical Examiners.

In addition to a completed application and \$100 fee, the following information must be attached to this form:

1. Copy of proof of current certification as a Pharmacist Clinician by the NM Board of Pharmacy, and
2. A written protocol signed by the Pharmacist Clinician and the Supervising Physician, which includes the requirements in paragraph 16 NMAC 10.11.9.3 (copy enclosed).

**Change of Supervising Physician includes completed application and \$25 fee. A written protocol signed by the Pharmacist Clinician and the Supervising Physician.**

**Registration as a Pharmacist Clinician Supervisor is valid for two years.**

**SUPERVISING PHYSICIAN INFORMATION** – must be authorized by New Mexico law to prescribe controlled substances.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

NM License #: \_\_\_\_\_ SSN#: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime-Phone #: \_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**PHARMACIST CLINICIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

NM License #: \_\_\_\_\_ SSN#: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime-Phone #: \_\_\_\_\_

