



2016-2017 Permit Renewal
EMS Non-dispensing Drug Outlet

Renewal fee not required

| For Board Use Only | |
|-----------------------------|--------|
| Date Processed | |
| Date Returned if Incomplete | |
| Self-Inspection report | Yes No |

PERMIT # _____ Federal tax ID # _____

Facility Name: _____

Facility Address: _____
 Street address City State Zip code

Mailing Address: _____

Telephone: () _____ Hours of Operation (ex. M-F 9a-9p) _____

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?

- YES If yes, contact the Board of Pharmacy office before completing this application
 NO

Type of organization Rescue Squad Industry County/city government Fire Dept. Private Provider

Level of Service (Check all that apply)

- Basic Life Support Intermediate Advanced Life Support Non-Emergency Transport
 911 Response with Transport 911 Response w/o Transport

I hereby certify that the EMS non-dispensing drug outlet, for which this permit renewal is sought, will be conducted in full compliance with the statutory laws of this State pertaining to pharmacy and that the drug outlet will be under the supervision of a Consultant Pharmacist as required by the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that the location for which this permit is issued is subject to inspection by the Board of Pharmacy.

 Signature of Permit Holder Print Name of Permit Holder Title

 Date Email: _____

I hereby certify that as Consultant Pharmacist, I will be responsible for all duties connected with the proper and lawful conduct of this drug outlet, as required by the South Carolina Pharmacy Practice Act.

 Signature of Consultant Pharmacist/Medical Director Print Name of Consultant Pharmacist/Medical Director

 Date License Number: _____ License Type (circle one): MMD MDO RPh

Mail completed application with self-inspection report to:
A completed application must be postmarked before June 1, 2016.

SCDLLR-Board of Pharmacy
PO Box 11927
Columbia SC 29211-1927

A permit holder who allows a site to operate with a lapsed permit is in violation of Section 40-43-83 and disciplinary action may result.

Privacy Notice: South Carolina Law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.

South Carolina Department of Labor, Licensing & Regulation
BOARD OF PHARMACY
 PO Box 11927
 Columbia, SC 29211



**EMS Non-Dispensing Drug Outlet Facility
 SELF-INSPECTION REPORT**

Permit Name: _____ Permit Number: _____

Address: _____

City/State/Zip: _____ Phone: _____

| S-Satisfactory | I-Improvement needed | U-Unsatisfactory | N/A-Not Applicable | | | | |
|--------------------|--|------------------|--------------------|---|-----|--|--|
| Section | Description | S | I | U | N/A | | |
| 40-43-83(F) | Permit displayed | | | | | | |
| 40-43-86(A)(1) | Sufficient space for safe and proper storage | | | | | | |
| 40-43-86(A)(10) | Storage areas temperature adequate | | | | | | |
| 40-43-86(A)(10) | Vehicles are climate controlled | | | | | | |
| 40-43-86(A)(13) | Physical or electronic barrier | | | | | | |
| 40-43-86(A)(16)(a) | Dry, well ventilated, adequate lighting | | | | | | |
| 40-43-86(A)(16)(b) | Free from dust, insects, rodents, contamination | | | | | | |
| 40-43-86(A)(16)(c) | Outdated, damaged, unlabeled drugs removed from active stock | | | | | | |
| 40-43-86(A)(16)(d) | Refrigerator temperature _____ (36-46 degrees F) | | | | | | |
| 40-43-86(C)(1)(a) | P&Ps for procurement, storage, compounding and distribution readily available | | | | | | |
| 40-43-86(C)(1)(b) | Record-keeping system for purchase, sale, possession, storage, safekeeping and return of drugs established | | | | | | |
| 40-43-86(C)(1)(c) | P&Ps for recalls and removal of outdated and adulterated drugs readily available | | | | | | |
| 40-43-86(C)(1)(d) | All employees related to procurement, compounding, sale, distribution and storage of drugs properly supervised | | | | | | |
| 40-43-86(C)(1)(f) | Written monthly inspections performed and readily available | | | | | | |

This self-inspection must be completed by the Medical Director or Consultant Pharmacist.

I certify that the above information is correct and true to the best of my knowledge. Submission of this completed inspection report is to certify that this facility is in compliance with all SC Board of Pharmacy statutes and regulations. Non-compliance will result in possible disciplinary action by the SC Board of Pharmacy.

Signature of Permit Holder: _____ Date: _____

Signature of Medical Director or Consultant Pharmacist: _____

License Type: __MMD __MDO __RPh License Number: _____ Date: _____