



**2016 - 2017 Permit Renewal**  
**MEDICAL GASES/LEGEND DEVICES PERMIT**

Renewal fee: \$100 postmarked before June 1  
 \$150 postmarked on/after June 1

For Board Use Only	
Date Processed	
Check #	
Amount Paid	
Date Returned if Incomplete	

PERMIT # \_\_\_\_\_ FEIN # \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street address City State Zip code

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Hours of Operation (ex. Mon- Fri 9 am – 9 pm) \_\_\_\_\_

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, please contact the Board of Pharmacy office before completing this application.  No

Mark the type(s) of activity taking place at this site:  Dispensing oxygen  Dispensing legend DME devices  
 Storing legend drugs and/or devices  Other \_\_\_\_\_

**REMINDER: Regulation 40-43-86(C) requires a Consultant Pharmacist for all Medical Gas/Legend Device permitted facilities. Regulation 40-43-86(C)(5) allows a Medical Director, Respiratory Therapist, Registered Nurse or Registered Pharmacist to be responsible and accountable for the duties of the Consultant Pharmacist.**

*I hereby certify that the facility 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 this facility will be under the supervision of a Consultant Pharmacist or Designee 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 Date

Permit Holder email address: \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Consultant Pharmacist/Designee Print Name of Consultant Pharmacist/Designee Date

Consultant License #: \_\_\_\_\_ License Type (circle one): RCP RN MMD MDO RPh

**Return completed application and renewal fee payable to SC Board of Pharmacy, PO Box 11927, Columbia SC 29211**

**A completed application with fee must be postmarked before June 1, 2016. On June 1, 2016, a \$50 late renewal penalty will be assessed.** Permits not renewed by June 30, 2016, are lapsed and will be assessed ten dollars (\$10) a day until the permit is reinstated, plus the fifty dollar (\$50) late penalty and the renewal fee of \$100. 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.