



2016 - 2017 Permit Renewal
Non-dispensing Drug Outlet

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 # _____ Federal tax ID# _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?
 YES - Contact the Board of Pharmacy office before completing this application. NO

Mark the type(s) of activity taking place at this site:

- Manufacturer Wholesale/Distributor 503B Outsourcing Facility
- Distributing Oxygen Third Party Logistics Dispensing Samples Only
- Storing Legend Drugs Distributing Legend DME Devices Administering Legend Drugs
- Other (specify): _____

Does your facility distribute, store or manufacture controlled substances? YES NO

WHOLESALEERS/DISTRIBUTORS/MANUFACTURERS/3PL/503B

Does your facility hold licenses in any other state? YES NO

If yes, please provide the states and license numbers. Attached additional sheet if necessary:

State: _____	License Number: _____

Have any out-of-state licenses been disciplined? YES NO

If yes, please attach copies of the disciplinary action.

REMINDER: Regulation 99-43 requires that all Non-Dispensing Drug Outlet permits have a Consultant Pharmacist unless the facility is engaged in manufacturing, wholesaling, or distributing.

CONSULTANT PHARMACIST NAME: _____

LICENSE NUMBER: _____

ATTESTATION:

I hereby certify that the 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

Date

Print Name of Permit Holder

Title

Permit Holder 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

Date

Print Name of Consultant Pharmacist

Consultant Pharmacist Email: _____

Return completed application and \$100 renewal fee payable to the SC Board of Pharmacy.

**Mail to: SCDLLR–Board of Pharmacy
PO Box 11927
Columbia SC 29211-1927**

or

**SCDLLR-Board of Pharmacy
110 Centerview Dr Ste 201
Columbia SC 29210**

- **A completed application with fee must be submitted and postmarked before June 1, 2016.**
- **On June 1, 2016, a late renewal penalty of \$50 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) penalty fee and the renewal fee (\$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.