



**2016 – 2017**

**Non-resident Pharmacy Permit Renewal**

**Renewal fee: \$200 postmarked before June 1; \$250 postmarked on/after June 1**

*Application will be returned if incomplete and/or required documents not attached.  
 Both permit holder and pharmacist-in-charge signatures must be notarized.*

FOR BOARD USE ONLY	
Date Processed	
Amount Paid	
Check #	
Returned incomplete	

PERMIT #: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

PHARMACY NAME: \_\_\_\_\_

PERMIT HOLDER NAME AND TITLE: \_\_\_\_\_

PHARMACY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Resident State Permit #: \_\_\_\_\_ Date issued: \_\_\_\_\_ Date of last inspection \_\_\_\_\_

PHARMACIST-IN-CHARGE: \_\_\_\_\_ LICENSE # \_\_\_\_\_

Toll-Free phone Number: \_\_\_\_\_ Hours Toll-Free Telephone Service Available: \_\_\_\_\_

1-Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board of Pharmacy?  Yes  No  
 If yes, contact the Board of Pharmacy office before completing this application.

2-Does your pharmacy do compounding?  Yes  No  
 If yes, does your pharmacy do sterile compounding?  Yes  No  
 See Document Checklist for Compounding Pharmacies list of items to be submitted.

3-Is your pharmacy registered as a 503B outsourcing facility with the FDA?  Yes  No

4-Has your pharmacy added non-sterile compounding since your last renewal?  Yes  No

5-Has your pharmacy added sterile compounding since your last renewal?  Yes  No

6-Since your last renewal, has any pharmacy license you hold been disciplined?  Yes  No  
 If yes, provide copies of the disciplinary action.

7-Since your last renewal, has the pharmacist-in-charge's license been disciplined?  Yes  No  
 If yes, provide copies of the disciplinary action.

8-Does your pharmacy dispense controlled substances?  Yes  No

9-Describe the primary activity at this pharmacy, which requires a non-resident pharmacy permit: \_\_\_\_\_

ATTACH PHARMACY LABEL HERE

Names of all Pharmacists Employed Full Time (use additional sheets if necessary)	License Number
Names of all Pharmacists Employed Part Time (use additional sheets if necessary)	License Number

I certify that I have read and approved the foregoing, and the statements are true and correct to the best of my knowledge and belief; that I will comply with the requirements for non-resident pharmacies as contained in the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*Signature of Permit Holder*

Print Name: \_\_\_\_\_

\_\_\_\_\_  
*Print name of Permit Holder*

Notary for the state of: \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
*Email Address of Permit Holder*

I certify that I have read and approved the foregoing, and the statements are true and correct to the best of my knowledge and belief; that I will comply with the requirements for non-resident pharmacies as contained in the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*Signature of Pharmacist-in-Charge*

Print Name: \_\_\_\_\_

\_\_\_\_\_  
*Print name of Pharmacist-in-Charge*

Notary for the state of: \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
*Email Address of Pharmacist-in-Charge*

**IMPORTANT INFORMATION \*\*\*\*\*See DOCUMENT CHECKLIST for required supporting documents\*\*\*\*\***  
**Application will be returned if incomplete and/or missing supporting documents.**

*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.*

## DOCUMENT CHECKLIST

### The following documents must be submitted with ALL renewal applications:

- |   |  |
|---|--|
| <input type="checkbox"/> Resident state pharmacy license                      | <input type="checkbox"/> Most recent inspection report               |
| <input type="checkbox"/> Federal and state controlled substance registrations | <input type="checkbox"/> Renewal fee payable to SC Board of Pharmacy |

### DOCUMENT CHECKLIST FOR COMPOUNDING PHARMACIES

#### Submit the following documents if your pharmacy does compounding or has added compounding since the last renewal.

- Documentation of 4 hours Continuing Education in compounding for pharmacists and technicians. Does not have to be ACPE-approved.
  
- Diagram and photographs of compounding area.
  
- Copies of logs for dry and temperature-controlled area, to include time, date, initials, refrigerator temperature, room temperature and humidity.
  
- Copies of cleaning logs:
  1. Daily cleaning log (countertops, hoods, equipment, utensils, floors swept, trash discarded)
  2. Weekly cleaning log (floors mopped)
  3. Monthly cleaning log (sanitization of shelves, refrigerator/freezer, cabinet exteriors)
  
- Documentation that equipment is routinely inspected, calibrated and cleaned
  
- Copies of completed logs/product formula worksheets for top 10 compounded products with a copy of the actual prescription.
  
- Standard operating policies and procedures for:
  1. General compounding procedures
  2. Procedures specific to the types of products being compounded
  3. Maintenance and cleaning of area and equipment
  4. Quality control procedures including analytical testing procedures
  
- Printed final compounded product label and, if appropriate, a stock label.

#### Completed application with required documents and fee must be postmarked before June 1, 2016.

Mail to: SC Board of Pharmacy PO Box 11927 Columbia SC 29211-1927	or	SC Board of Pharmacy 110 Centerview Drive Suite 201 Columbia SC 29210
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- Renewals postmarked on or after June 1, 2016, will be assessed a late renewal fee of \$50.
- Permits not renewed by June 30, 2016, are lapsed and may incur disciplinary action by the Board.
- Lapsed permits will be assessed fees of \$10/day until the permit is reinstated.