



South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • Contactllr@llr.sc.gov



2016 – 2017 Permit Renewal

Non-resident Wholesale/Distributor/Manufacturer

Renewal fee: \$500 postmarked before June 1
\$550 postmarked on/after June 1

PERMIT #: _____

FEIN #: _____
Federal tax ID number

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Phone: _____ Fax: _____

Mailing address where all correspondence regarding licensure should be sent if other than facility above:

Contact Person: _____ Email: _____

Facility name: _____ Address: _____

City: _____ State: _____ Zip code: _____

CHECK THE TYPE OF ACTIVITY:

- Wholesale/Distributor Manufacturer Repackager
- Reverse Distributor Third Party Logistics 503B Outsourcing Facility

1-Has there been a change in ownership of 50% or more since last renewal that has not been reported to the South Carolina Board of Pharmacy?
 YES (A new application is required, contact the Board of Pharmacy) NO

2-Is your facility VAWD (Verified Accredited Wholesale Distributor) accredited?
 YES (Attach copy of current certificate) NO

3-Since your last renewal, has any license you hold as a wholesale/distributor/manufacturer been disciplined?
 YES (Attach copies of the disciplinary action) NO

4-Do you distribute and/or manufacture controlled substances?
 YES NO

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the renewal process.

ATTESTATION

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 wholesale/distributors and/or manufacturers 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 of Notary

Print Name of Permit Holder

Notary Public for the state of _____

Permit Holder Title: _____

My commission expires: _____

Email Address of Permit Holder

Attach copies of the following items: (If an item is not applicable, please indicate N/A.)

- _____ resident state license
- _____ federal/state controlled substance license
- _____ list of licenses held in other states
- _____ FDA inspection report
- _____ \$500 fee payable to SC Board of Pharmacy
- _____ most recent inspection report
- _____ VAWD certificate
- _____ FDA Outsourcing Facility registration
- _____ copies of 483(s) issued with company response

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

- On June 1, 2016, a late renewal fee of \$50 will be assessed.
- 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.
- Return completed application and required supporting documents to :

<u>Mailing address</u>	or	<u>Physical address</u>
SC Board of Pharmacy		SC Board of Pharmacy
PO Box 11927		110 Centerview Drive Suite 201
Columbia SC 29211-1927		Columbia SC 29210

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.