South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contactllr@llr.sc.gov • Fax: 803-896-4596
www.llronline.com/POL/Pharmacy/

INSTRUCTIONS
Non-Resident Third Party Logistics Provider

The permit holder for the applicant must attend an Application Review Committee meeting at the Board's office. Applicant will be notified by mail of the date and time of the meeting for which they are scheduled. All requested information and emailed confirmation are required prior to the meeting date. Using false, fraudulent, forged statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or permit denial.

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the application process. If an item is not applicable, please indicate N/A.

Submit the following:

_____Completed application signed and notarized.

_____Non-refundable application fee of $500 payable to SC Board of Pharmacy

_____Verification of licensure from the applicant's home state

_____Copy of most recent inspection report.
The inspection must have been conducted within the last 2 years.

_____Copy of current DEA registration

_____Copy of state controlled substance registration

_____Copy of sample pedigree

_____Copy of policy and procedure for monitoring temperature and humidity

_____Copy of policy and procedure for shipping refrigerated products

_____Copy of VAWD certificate/statement

_____Letter describing, in detail, the nature of your business in South Carolina

_____List of every state permit/license applicant holds, or has ever held, with status and expiration date

CONTROLLED SUBSTANCE INFORMATION: Non-resident facilities permitted by the SC Board of Pharmacy who distribute controlled substances are required to obtain a South Carolina Controlled Substances Registration from the SCDHEC-Bureau of Drug Control.
Access the application via the website at
www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/NewRegistrations/

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NON-RESIDENT THIRD PARTY LOGISTICS PROVIDER PERMIT APPLICATION

FOR BOARD USE ONLY	
Date paid	
Amount paid	
Check #	

☐ New Facility
☐ Change to Existing Permit (Permit #_____)
- ☐ Change of Ownership
- ☐ Change of Name
- ☐ Change of Location (From one city to another.)

Federal Tax Id #:_____

Facility Name:_____

Trade name of facility (d/b/a):_____

Address:_____

City:_____State:_____Zip Code:_____

Phone:_____ Fax:_____ website:_____

Contact person at this site:_____
Name Title Email

Mailing address where all correspondence regarding permitting will be sent if other than facility above:

Contact Name:_____Email:_____

Address:_____
Street address City State Zip code

DISTRIBUTION ACTIVITY

1-Type of Prescription Drugs/Products 3PL will handle (check all that apply):
☐ DEA controlled substances ☐ Medical gases ☐ Prescription devices
☐ Non-controlled prescription drugs ☐ Veterinarian prescription drugs
☐ Other (specify)_____

2-Type of facilities applicant will be providing services for:
☐ Manufacturer ☐ Wholesaler ☐ Reverse Distributor
☐ Repackager ☐ Other:_____

3-Manufacturers and/or wholesale distributors for whom applicant will distribute product (attach additional sheets if necessary):

Name:_____ Address:_____

Name:_____ Address:_____

4-Location of facility/facilities (customers) in South Carolina to which drugs or devices will be shipped (attach additional sheets if necessary):

Name:_____ Address:_____

Name:_____ Address:_____

5-Does facility have VAWD (Verified Accredited Wholesale/Distributor) accreditation through NABP?

☐ YES Attach a copy of the VAWD certificate to the application.

☐ NO The South Carolina Board of Pharmacy Policy #145 requires Non-Resident Wholesale/Distributors to have VAWD accreditation or meet the standards established by NABP (National Association of Boards of Pharmacy) for its VAWD accreditation. **If your facility is not VAWD accredited**, please review the **criteria** standards available at the NABP website www.NABP.net and provide a notarized letter to the Board certifying your facility's compliance with these standards.

6-Are you currently shipping into South Carolina? ☐ YES ☐ NO
If YES, attach a list of customers.

7-Do you ship legend products outside the United States? ☐ YES ☐ NO

8-Do you supply pedigrees for all legend products? ☐ YES ☐ NO
If YES, provide a sample of the pedigree documentation for review.

OWNERSHIP: Check appropriate box and provide complete information

☐ **sole proprietorship** Name of business entity:_____

Name	Address	DOB

☐ **partnership** Name of partnership:_____

Partner name	Address	DOB

☐ **Corporation** Name of Corporation:_____

State of Incorporation:_____ Name of Parent Company_____

Name of Corp officer	Title	DOB	Address	% of Stock ownership
1				
2				
3				

CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS & STATUS

To the best of your knowledge, has the applicant(s) ever:

1. Had a permit disciplined, denied, refused, or revoked for violations of any pharmacy laws, drug laws in South Carolina or any other state? ☐ YES ☐ NO

CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS (continued)

a. Is there any pending disciplinary action? ☐ YES ☐ NO

2. Been charged, convicted, fined, or entered in a plea of guilty or nolo contendere in any criminal Prosecution, felony or misdemeanor, in South Carolina or any other state, or in a United States court? ☐ YES ☐ NO
   a. For any offense relating to drugs, narcotics, controlled substances, or alcohol, whether or not a sentence was imposed? ☐ YES ☐ NO
   b. For any offense involved the practice of pharmacy, or relating to acts committed within a pharmacy or drug distributor setting or incident to pharmacy practice, whether or not a sentence was imposed? ☐ YES ☐ NO
   c. For any offense involving fraud, dishonesty, or moral turpitude (i.e. Medicaid fraud, theft of money or drugs, or robbery), whether or not a sentence was imposed? ☐ YES ☐ NO

3. Have you ever:
   a. Had an application for a drug distributor permit, pharmacy or pharmacist license, permit or certificate or a technician license or registration, denied, refused or revoked in South Carolina or any other state or country? ☐ YES ☐ NO
   b. Had disciplinary action take against you, or a pharmacy or drug distributor facility you owned, or a pharmacy or drug distributor facility where you were employed, by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country? ☐ YES ☐ NO

4. Violated the drug laws, rules, statutes and/or regulations of South Carolina, or any other state or country or the United States? ☐ YES ☐ NO

If you answered "yes" on <u>any</u> part of the previous section, please give a detailed explanation on a separate sheet and attach copies of applicable court documentation. Include the city and state where offense(s) occurred.

ATTESTATION *I declare that I have read and approve 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/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 _____, _____.

_____ Notary Public

_____ Signature of Responsible Person acting as Permit Holder

_____ Print name

_____ Print name and Title of Responsible Person/Permit Holder

For the state of: _____

_____ Email address of Permit Holder or Contact Person

My commission expires: _____

ATTACHMENTS REQUIRED: Mark as N/A if not applicable.

_____Verification of license	_____recent inspection report	_____DEA registration
_____state controlled substance registration	_____sample pedigree	_____VAWD statement/cert.
_____SOP temp & humidity monitoring	_____SOP shipping refrigerated product	
_____business description letter	_____list of state licenses/permits	

Mailing Address: SC Board of Pharmacy
PO Box 11927
Columbia SC 29211-1927

Overnight/Physical Address: SC Board of Pharmacy
110 Centerview Dr Suite 201
Columbia SC 29210

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LICENSE VERIFICATION

This affidavit must be completed by the state licensing board in which the license/permit is held and returned to the applicant to submit to the South Carolina Board of Pharmacy.

This is to verify that _____

_____

_____

Was issued license/permit number_____ on _____

To operate as a
- ☐ Wholesale/distributor
- ☐ Third Party Logistics Provider
- ☐ Medical Gas/DME Provider
- ☐ Outsourcing Facility
- ☐ Manufacturer

In the state of _____

This is to further verify that the above-named license/permit is current and in good standing and that there have not been any sanctions imposed against the license/permit.

This _____ day of_____, 20_____

_____
Signature

_____
Title

_____
Complete Name of Licensing Agency

(Seal)