



South Carolina Board of Pharmacy

110 Centerview Dr. • Columbia • SC • 29210

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

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llr.sc.gov/bop

New EMS Non-Dispensing Drug Outlet Permit Application

This permit authorizes a facility to store and administer legend drugs. Emergency Medical Services licensed by the Department of Health and Environmental Control shall be exempted from permit fees and the requirement of Section 40-43-86(C) that a consultant pharmacist be responsible for the duties as stated in this chapter, so as to allow either the Medical Director or a consultant pharmacist to be responsible and accountable for the duties of the consultant pharmacist. All facilities will be inspected before a permit is issued. Your completed application along with the non-refundable \$280 permit fee must be received in the Board office at least forty-five (45) days before the required permit is needed to allow for application processing, on-site inspection, and, if necessary, written corrective action response.

Table with 2 columns and 5 rows for board use only, including Date Paid, Amount Paid, Check#, Referred to Inspector, and Inspected By.

- Checkboxes for New Facility, Profit/Non-Emergency Transport, Non-Profit, Change to Existing Permit, Change of Ownership, Change of Name, Change of Location.

Fed Tax Id # _____

Name of Facility _____

Street Address: _____

City _____ County _____ Zipcode _____

Name of Corporation _____

Mailing Address _____

Expected Opening Date _____ Days & Hours Open _____

Phone Number _____ Fax Number _____

Name(s) of Owner(s) or Officers &

Check One:

- Checkboxes for EMS, Other

Responsible Person:

- Checkboxes for Medical Director, Consultant Pharmacist

Please describe the activity, product, and service that require this type of permit. (Attach a separate sheet if necessary.)

If this new application is based on a change to an existing permit, list the former permit number, former name, ownership and/or location:

Name and Title of Responsible Person

designated as Permit Holder: _____

Phone Number: _____ Email address of Permit Holder: _____

Name of Consultant Pharmacist or Medical Director: _____

License Number: _____ Phone Number _____

Consultant Pharmacist/Medical Director email: _____

I hereby certify that the EMS Non-dispensing Drug Outlet facility for which this permit is sought will be conducted in full compliance with the statutory laws of this State. and will be under the supervision of a Consultant Pharmacist or Medical Director as required by law.

Signature of Permit Holder

Date

Signature of Consultant Pharmacist or Medical Director

Date

Please send completed application to:

Mailing address: S.C. Board of Pharmacy
PO Box 11927
Columbia SC 29211-1927

Overnight/physical address: SC Board of Pharmacy
110 Centerview Dr Suite 210
Columbia, SC 29210