



New Federally Qualified Health Center Drug Outlet Permit Application

For Board Use Only

Date Paid

Amount Paid

Check #

Referred to
Inspector

Inspected By

This permit authorizes a Federally Qualified Health Center (FQHC) delivery site to store, administer and distribute patient-specific, labeled medications received from a permitted FQHC pharmacy or contracted pharmacy. This permit authorizes a FQHC to store and administer legend drugs. **This permit requires a consultant pharmacist.** 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. All facilities will be inspected before a permit is issued.

- New Facility
- Change to Existing Permit (Permit # _____) FEIN# _____
- Change of Ownership (**include organizational chart before and after change**)
- Change of Name
- Change of Location (From one city to another)

Name of Facility: _____

Street Address: _____

City _____ County _____ Zip Code _____

Name of Corporation _____

Mailing Address _____

Expected Opening Date _____ Days & Hours Open _____

Phone Number _____ Fax Number _____

Name(s) of Owner(s) or Corporate Officers:

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 :

Contact Phone # _____ Email address of Permit Holder: _____

Name and Title of Contact Person
If other than Permit Holder: _____

Name of Consultant Pharmacist: _____

License Number: _____ Phone # _____

Consultant Pharmacist email: _____

Name of Pharmacy supplying medications: _____

Pharmacy address: _____

Permit Number of supplying pharmacy: _____

I hereby certify that the Federally Qualified Health Center Drug Outlet for which this permit is sought made a good faith effort but was unable to reach an agreement with an existing retail pharmacy located within five miles of the FQHC drug outlet delivery site pursuant to which the existing retail pharmacy would provide prescription drugs to all FQHC patients at the same cost, convenience, and efficacy provided by the proposed new FQHC delivery site. I further certify that the Federally Qualified Health Center Drug Outlet for which this permit 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 licensed pharmacist as required by law.

Signature of Permit Holder

Date

Signature of Consultant Pharmacist

Date

Your completed application along with the non-refundable application fee must be received in the Board office at least forty-five days (45) before the required permit is needed. Please send completed application and fee to:

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

Overnight/physical address: SC Board of Pharmacy
110 Centerview Drive, Suite 201
Columbia, SC 29210