



Medical Gases/ Legend Devices Permit Application

This permit authorizes a facility to dispense to a patient or patient's agent medical gases and legend devices on the order of a licensed practitioner. A facility supplying durable medical equipment is exempt from the provisions of this section requiring a consultant pharmacist to perform the duties set forth in this chapter at the permit holder's location, and **a medical director, respiratory therapist, registered nurse, or a pharmacist may perform the duties of the consultant pharmacist** pursuant to Section 40-43-86(C). 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.

For Board Use Only	
Date Paid	
Amount Paid	
Check #	
Referred to Inspector	
Inspected By	

- 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 _____ Zipcode _____

Name of Corporation _____

Mailing Address _____

Expected Opening Date _____ Days & Hours Open _____

Phone Number _____ Fax Number _____

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

- Check Type of Designee:**
- Medical Director
 - Respiratory Therapist
 - Registered Nurse
 - Consultant Pharmacist

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

Responsible Person designated as Permit Holder: _____

Contact Phone # _____ Email address of Permit Holder: _____

Name of Consultant Pharmacist or Designee: _____

License Number: _____ Phone # _____

Consultant Pharmacist/Designee email: _____

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

I hereby certify that the facility 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 medical gases/legend devices will be under the supervision of a licensed pharmacist or designee as required by law.

Signature of Permit Holder

Date

Signature of Consultant Pharmacist or Designee

Date

Your completed application and non-refundable \$280 permit fee must be received in the Board office at least forty-five (45) days 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 Dr Ste 201
Columbia SC 29210