



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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**HEALTH SYSTEM NON-DISPENSING PERMIT
ROSTERED SITES CHANGE FORM**

This form is to be used by Health System Non-Dispensing Drug Outlet permit holders to add, remove, or otherwise change clinics/practices rostered under that permit. Once the form is completed, please upload to the Board of Pharmacy via Document Submission <https://eservice.llr.sc.gov/DocumentSubmission/>.

Legal Name of Associated Institutional Pharmacy: _____

Name of Heath System/Hospital: _____

Hospital Pharmacy Permit No.: _____ Health System Non-Dispensing Permit No.: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ Pharmacy Phone No.: _____

Health-System Non-Dispensing Pharmacist-in-Charge: _____

PIC License No.: _____

PIC Signature

Date

Facilities that store and/or administer controlled substances CANNOT be rostered under a Health System Non-Dispensing Drug Outlet permit and must hold a separate Non-Dispensing Drug Outlet permit. If applicable, any existing non-dispensing drug outlet permit for a rostered facility will be closed upon submission of this form to the Board. Please note that **once a permit is closed, it cannot be reactivated**, and the facility may not operate outside of the HSND permit until a new permit is applied for and obtained by the facility.

Please list the following information for clinics/practices to be rostered under the Health System Non-Dispensing Drug Outlet permit. Use additional page(s) as necessary.

