

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 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596

llr.sc.gov/bop

New Pharmacy Permit Application

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. All information requested on this application is mandatory. Failure to provide any requested information will result in the application being returned as incomplete and will delay the permit issuance process.

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

	Inspected By
New Facility	
Change to Existing Permit (Permit #)	
Change of Ownership (include organizational chart be	iore and after change)
Change of Name	
Change of Location (From one city to another)	FEIN#
Name of Dharmoov	
Name of Pharmacy	
Street Address	
Street Address:	
City	Zinanda
CityCounty	Zipcode
Name of Corporation	
Mailing Address	
Expected Opening Date	_Days & Hours Open
Phone #	Fax #
Name(s) of Owner(s) or Corporate Officers	Check One:
	Independent Community Pharmacy
	Large Chain Pharmacy
	Long Term Care Pharmacy
	Nuclear Pharmacy
	Mail Order Pharmacy
Responsible person designated as Permt Holder	Government Hospital
	Public Hospital
Name	Public Health Clinic
	FQHC Pharmacy
Title	Pharmacy Benefit Manager
	Private Health Clinic
Phone #	Correctional Institution
Email	Remote Order Entry
	Other(specify)

Has any license or permit held by the applicant, permit holder, pharmacist-in-charge, or by any owner or corporate officer, been disciplined, denied, refused or revoked for violations of any pharmacy laws or drug laws in South Carolina or any other state?

* If yes, attach a full written explanation and attach copies of applicable court documentation

Name of Pharmacist-in-Charge:

Names & License Numbers of Pharmacists Employed Full-Time:

Names & License Numbers of Pharmacists Employed as Relief or Part-time:

Names & Registration Numbers of Employed Pharmacy Technicians:

Does or will pharmacy provide Medication Therapy Management services? (definition below)				
	YES	ΝΟ		
Does your pharmacy do compounding?	YES	ΝΟ		
If yes, does your pharmacy do sterile compounding?	YES	ΝΟ		

I hereby certify that the pharmacy, 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 pharmacy will be under the supervision of a licensed pharmacist as required by law.

Signature of Permit Holder

I hereby certify that as Pharmacist-in-Charge, I will be responsible for the operation of this pharmacy in conformance with all laws pertinent to the practice of pharmacy and distribution of drugs and will be in full and actual charge of the pharmacy and personnel.

Signature of Pharmacist-in-Charge

Please send completed application and non-refundable application fee payable to LLR S.C. Board of Pharmacy,110 Centerview Dr Ste 201,Columbia, SC 29210

Medication Therapy Management (services include but are not limited to):

- Performing or obtaining necessary assessments of the patient's health status.
- Formulating a medication treatment plan.
- Selecting, initiating, modifying, or administering medication therapy.
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness.
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.
- Documenting the care delivered and communicating essential information to the patient's other primary care providers.
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his or her medications.
 Providing information, support services and resources designed to enhance patient adherence with his or her therapeutic.
- Providing information, support services and resources designed to enhance patient adherence with his or her therapeutic regimens.
- Coordinating and integrating Medication Therapy Management services within the broader healthcare management services provided to the patient.

License #

Date

Date