



2024-2025 CENTRAL FILL PHARMACY PERMIT RENEWAL (IN-STATE)

Renewal Requirements and Instructions:

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

- Submit this permit renewal directly to the Board by going to: <https://eservice.llr.sc.gov/DocumentSubmission/>. You will pay the renewal fee through this document submission process via debit/credit card or electronic check.
 If mailing the paper application, submit the renewal fee in the form of a check or money order (no cash) payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- **Renewal / Late Fees:**
 Postmarked before 6/1/2024: **\$140**
 Postmarked on or after 6/1/2024: Late Fee \$50 + Renewal Fee \$140 = **\$190**
- Beginning July 1, 2024, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Permits not renewed by June 30, 2024, are lapsed and may not operate. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. A permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may be subject to disciplinary action.
- If there has been a 50% or more change in ownership, legal name change or relocation of the facility, contact the Board before renewing the permit.

FACILITY INFORMATION

Federal Tax ID No.: _____ SC Permit No.: _____

SC DHEC/Controlled Substance Registration No. (if applicable): _____

DEA Registration No. (if applicable): _____ Expiration Date: _____

NABP e-Profile ID (If applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

County in which facility is located: _____

Name of Designated Representative: _____ Phone No.: _____

Email for Designated Representative: _____

Mailing Address where all correspondence regarding permitting will be sent if other than facility above:

Facility Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Days and Hours of Operation: _____

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?

Yes – Contact the Board of Pharmacy office before completing this application. No

List of originating pharmacies: (if more space is needed, attach a separate sheet)

DISCIPLINARY HISTORY

If you answer “Yes” to any part of this section, provide a detailed explanation on a separate sheet and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

- 1. Since your last renewal, has any license, permit or registration that the facility, permit holder or pharmacist-in-charge holds been disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations or revoked for violations of any federal or state pharmacy laws or drug laws, regardless of state? Yes No

If Yes, attach a full written explanation and attach copies of applicable court documents, board orders, copies of disciplinary action, and any other relevant documentation.
- 2. Is there any pending disciplinary action against any of the licenses, permits or registrations described in Question 1? Yes No
- 3. Since your last renewal has any licensee, permit holder or pharmacist-in-charge been convicted, fined or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor in South Carolina or any other state, or in federal court for:
 - a. any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not a sentence was imposed? Yes No
 - b. any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug/device manufacturer setting or incident to pharmacy practice, whether or not a sentence was imposed? Yes No
 - c. any offense involving fraud or dishonesty whether or not a sentence was imposed? Yes No

ATTESTATION

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.

Pharmacist-In-Charge Signature	Date
Print Name of Pharmacist-In-Charge	License Number
Pharmacist-In-Charge Email	Phone Number

ATTESTATION

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief. I will comply with the requirements as contained in the South Carolina Pharmacy Practice Act, and I understand I am responsible for any violation(s) occurring during my tenure.

Permit Holder Signature	Date
Print Name of Permit Holder	Title
Permit Holder Email	Phone Number

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.