



**2024-2025 RENEWAL FEDERALLY-QUALIFIED HEALTH CENTER (“FQHC”)
 DRUG OUTLET PERMIT (IN-STATE)**

Renewal Requirements and Instructions:

- 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.

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

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

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

NABP e-Profile ID (if applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

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

Since your last renewal, has any license or permit you hold been disciplined? Yes No

If Yes, provide a copy of the disciplinary action.

Pharmacy providing medications: _____ **Permit No.:** _____

ATTESTATION

I hereby certify that the drug outlet for which this permit renewal is sought will be conducted in full compliance with the statutory laws of South Carolina pertaining to pharmacy and that the drug outlet will be under the supervision of a Consultant Pharmacist if required by the South Carolina Pharmacy Practice Act and regulations promulgated thereunder. I understand that the location for which this permit is issued is subject to inspection by the Board of Pharmacy.

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

ATTESTATION

I hereby certify that as the Consultant Pharmacist for the Consultant Pharmacist’s Duties, I will be responsible for all duties connected with the proper and lawful conduct of this facility as required by federal law and the South Carolina Pharmacy Practice Act and regulations promulgated thereunder.

_____ Consultant Pharmacist or Medical Director Signature	_____ Date
_____ Print Name of Consultant Pharmacist	_____ Title
_____ Consultant Pharmacist or Medical Director Email	_____ Phone Number

License 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.