



2024-2025 NON-RESIDENT MEDICAL GAS/LEGEND DEVICE PERMIT RENEWAL

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: **\$280**
 Postmarked on or after 6/1/2024: Late Fee \$50 + Renewal Fee \$280 = **\$330**
- Beginning July 1, 2024, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Attach copy of resident state license.
- Attach copy of most recent state inspection.
- 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

SC Permit No.: _____ Phone No.: _____

NABP e-Profile ID (If applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

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: _____

Facility Dispenses (Check all that apply):

- Medical Gases Oxygen **Only** Legend Device/DME Respiratory Equipment
 Other: _____

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 as a medical gas/legend device facility been disciplined?

Yes No

ATTESTATION

I certify that I have read and approved the foregoing, and the statements are true and correct; that I will comply with the requirements for non-resident medical gas/legend device permit as contained in the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that I am responsible for abiding by the statutes and regulations governing my role as the facility’s permit holder.

Permit Holder Signature

Date

Permit Holder Printed Name

Permit Holder Email

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.