South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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2024-2025 NON-RESIDENT NON-DISPENSING DRUG OUTLET PERMIT RENEWAL

Renewal Requirements and Instructions:

FOR BOARD USE ONLY	
Date Paid	
Amount Paid	
Check No.	

- 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: **$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 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

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

Resident State License No.: _____ Expiration Date: _____

Legal Name of Facility: _____

DBA Name: _____

Facility 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: _____

1. What is the daily working ratio of pharmacist to pharmacy technicians? _____
2. Date of facility's last inspection performed by the Resident State's Board of Pharmacy? _____
   (Attach a copy of the inspection report)
3. Date standard operating policy and procedures last reviewed/revised: _____

4. Indicate the primary type of service at this location:
   ☐ Data entry for retail ☐ Data entry for hospitals ☐ Data entry for long-term care
   ☐ Call center ☐ Medication therapy management ☐ Consulting only

5. 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

6. Since your last renewal, has any license, permit or registration that the facility, permit holder or consultant pharmacist holds been disciplined? ☐ Yes ☐ No
   If Yes, attach a copy of the disciplinary action.

ATTESTATION
I hereby certify that as Consultant Pharmacist, 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 Signature

Print Name of Consultant Pharmacist

License No.

Email Address of Consultant Pharmacist

Date

ATTESTATION
I hereby certify that the facility for which this permit renewal is sought, will be conducted in full compliance with federal and South Carolina law pertaining to its pharmaceutical operations and that the facility will be under the supervision of a Consultant Pharmacist as required by 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

Print Name of Permit Holder

Email Address of Permit Holder

Title

Phone Number

Date

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.

CERTIFICATION STATEMENT

This statement to be completed by the Consultant Pharmacist of the Non-Resident Non-Dispensing Drug Outlet permit as a consulting, remote order entry, or medication therapy management facility only.

I certify that no prescription drugs are to be purchased/acquired, stored, used or distributed at this location.

Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Printed Name of Consultant Pharmacist: _____

Signature of Consultant Pharmacist: _____

Sworn and subscribed before me this _____ day of _____ , 20_____ .

Notary Signature: _____

Print Notary Name: _____ *(SEAL)*

Notary Public for the State of: _____

Commission Expiration Date: _____