South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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2024-2025 NON-RESIDENT OUTSOURCING FACILITY 503B PERMIT RENEWAL

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

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.
  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: **$700**
  Postmarked on or after 6/1/2024: Late Fee $50 + Renewal Fee $700 = **$750**
- Beginning July 1, 2024, lapsed permits will be assessed fees of $10/day until the permit is reinstated.
- Attach copy of most recent inspection report (FDA or state).
- 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.: ______________________________ Federal Tax ID No.: ______________________________

Resident State License No.: ______________________________ Expiration Date: ____________________

SC DHEC Controlled Substances Registration No (if applicable): ______________________________

DEA Registration No. (if applicable): ______________________ 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: ________

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

1. Since your last renewal, have any out-of-state licenses, permits, or registrations been restricted, revoked, suspended or otherwise disciplined? **If Yes,** provide a copy of the disciplinary action. ☐ Yes ☐ No
2. Does the facility engage in the compounding of NON-STERILE drug products? ☐ Yes ☐ No
3. Does the outsourcing facility engage in CATEGORY 3 compounding of sterile drug products? ☐ Yes ☐ No
4. Does the outsourcing facility engage in CATEGORY 2 compounding of sterile drug products? ☐ Yes ☐ No
5. Does the outsourcing facility engage in CATEGORY 1 compounding of sterile drug products? ☐ Yes ☐ No
6. Does the facility compound hazardous medication? ☐ Yes ☐ No
7. Does the facility dispense compounded drugs pursuant to valid prescriptions? ☐ Yes ☐ No
8. Has the facility been inspected by the FDA? Date: ___________________________ ☐ Yes ☐ No
9. If inspected by the FDA, was the facility issued a 483? ☐ Yes ☐ No
   If Yes, provide a copy of the FDA Form 483 and your company's response to the issues noted.
10. Does your facility distribute, store or manufacture controlled substances? ☐ Yes ☐ No
11. Which of the following entities do you sell/ship products to? (Check all that apply)
    ☐ Retail Pharmacies ☐ Hospital Pharmacies ☐ Permitted Clinics/Surgery Centers
    ☐ Practitioners (MD, DMD, DVM, APRN, PA-C) ☐ Other: _______________________

NAME OF PHARMACIST RESPONSIBLE FOR OVERSEEING COMPOUNDING AT THIS FACILITY:

Name: ____ License No.: _________________________

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 Date

______________________________________ ______________________________

Print Name of Permit Holder Title

______________________________________ ______________________________

Permit Holder Email Phone Number

ATTESTATION

I hereby certify that as Pharmacist-In-Charge, I will be responsible for all duties connected with the proper and lawful conduct of this facility as required by the South Carolina Pharmacy Practice Act.

______________________________________ ______________________________

Pharmacist-In-Charge Signature Date

______________________________________ ______________________________

Print Name of Pharmacist-In-Charge License Number

______________________________________ ______________________________

Pharmacist-In-Charge 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.