



South Carolina Board of Pharmacy

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llr.sc.gov/bop

2026-2027 MEDICAL GAS AND LEGEND DEVICE PERMIT RENEWAL (IN-STATE)

Before you renew:

- South Carolina law requires permit holders to notify the Board within ten (10) working days if there has been a change in ownership, legal name change, change in business form, management, consultant pharmacist or relocation of the facility. **DO NOT RENEW** if any of these changes have occurred. You must contact the Board before renewing the permit. *See* S.C. Code § 40-43-91(B)(2).

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

Renewal Requirements and Instructions:

- Mail completed paper application and 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 on or before May 31, 2026: **\$140**
Postmarked on or after June 1, 2026: Late Fee \$50 + Renewal Fee \$140 = **\$190**
- Beginning July 1, 2026, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Permits not renewed by June 30, 2026, are lapsed. 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. Additionally, 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.

FACILITY INFORMATION

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

NABP e-Profile ID (if applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address (physical): _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

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

Facility Name: _____

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

Permit Holder Name: _____ **Phone:** _____

Email: _____

Consultant Pharmacist Name: _____ **S.C. License No.:** _____

Email: _____ **Phone:** _____

Authorized Designee* Name: _____ S.C. License No.: _____

Type of Designee in lieu of Consultant Pharmacist: _____
(Nurse, medical director, respiratory therapist)

Email: _____ Phone: _____

*to be completed if a nurse, medical director, or respiratory therapist is fulfilling the responsibilities of the consultant pharmacist

FACILITY OPERATIONS

Days and Hours of Operation: _____

Facility Dispenses (Check all that apply):

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

1. Has there been a change in ownership, legal name change, change in business form, or relocation of the facility?

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

DISCIPLINARY HISTORY

For any “Yes” answers below, please provide and submit a detailed explanation for each person or entity to whom a Yes answer applies. Official documentation of judgment(s) or disposition(s) must also be provided by the applicable person and/or the entity’s authorized agent, as well as the city and state where the offense(s) or discipline occurred.

To the best of your knowledge, SINCE THE LAST RENEWAL, (or if this is your first renewal since your initial licensure), has the applicant, the entity, undersigned permit holder, consultant pharmacist or authorized designee, or any person or entity identified as holding a position in ownership/management, or any entity under common control of the applicant:

- 1. Had a professional license or permit disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations, or revoked? Yes No
 - a. Have any pending disciplinary action? Yes No
- 2. Been convicted, fined, or entered in a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)? Yes No
 - a. Have any legal action pending related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action? Yes No
- 3. Operated, or allowed any facility to operate, without a valid permit? Yes No

PERMIT HOLDER ATTESTATION

- I hereby affirm that I have read and approved the forgoing renewal application. I affirm that all information and statements contained herein are true and accurate to the best of my knowledge and belief.
- Should additional explanation and/or documentation be required, I accept responsibility to ensure additional explanation and documentation will be provided, if necessary. I further understand that this application will not be processed until all documentation is received.
- I will comply with all federal and state laws related to operations at the above-named facility, and acknowledge responsibility for any violation(s) of law.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

Permit Holder Signature

Date

CONSULTANT PHARMACIST OR DESIGNEE ATTESTATION

- I hereby affirm that I have read and approved the foregoing renewal application. I affirm that all information and statements contained herein are true and accurate, to the best of my knowledge and belief.
- I attest that I will be in full and actual charge of the legend drugs stored within this facility.
- I understand that I am responsible for abiding by the statutes and regulations governing my role as the consultant pharmacist. I acknowledge that I am responsible for any violation(s) of law occurring during my tenure.
- I hereby certify that the facility for which this permit renewal is sought will be operated in full compliance with all applicable federal and South Carolina laws, including but not limited to, performing and maintaining monthly inspections.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

Consultant Pharmacist or Designee Signature

Date