



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

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**2026-2027 NON-RESIDENT PHARMACY PERMIT RENEWAL
PHARMACIST-IN-CHARGE ATTESTATION**

FACILITY INFORMATION

Legal Name of Facility: _____ SC Permit No.: _____

DBA Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PHARMACIST-IN-CHARGE (PIC)

The South Carolina Board of Pharmacy requires certain facility permit holders to name a Pharmacist-In-Charge (PIC) who accepts responsibility for the operation of a pharmacy in compliance with all laws pertinent to the practice of pharmacy and the distribution of drugs and who is in full and actual charge of the pharmacy and personnel.

Name of PIC: _____ Phone No.: _____

State of Licensure: _____ License Number: _____

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 understand that I am responsible for abiding by the statutes and regulations governing my role as the facility's pharmacist-in-charge.
- 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, the storage and shipment of medications pursuant to this permit.
- I affirm responsibility to ensure this facility shall employ adequate personnel with the education and experience necessary to safely and lawfully engage in the practice of pharmacy.
- 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.

Pharmacist-in-Charge Signature

Date