



South Carolina Board of Pharmacy

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2026-2027 PHARMACIST RESPONSIBLE FOR COMPOUNDING ATTESTATION

FACILITY INFORMATION

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

DBA Name: _____

Facility Address: _____

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

RESPONSIBLE PHARMACIST

The pharmacist responsible for compounding is the licensed pharmacist who is responsible and accountable for and actively involved in and aware of the performance and operation of the facility or entity, its personnel, and as required by law, all other entities or individuals providing services related to daily operations. This individual may also be responsible for any violation(s) of law related to the compounding, handling and/or distribution of drugs at or from the permitted outsourcing facility.

Name of Responsible Pharmacist: _____ Phone No.: _____

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 responsible for compounding.
- 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.

Responsible Pharmacist Signature

Date