



2020-2021 PERMIT RENEWAL EMS NON-DISPENSING

Renewal Instructions/Requirements:

- 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.)
- **Fee:** Postmarked before **September 30, 2020: \$140**
 Postmarked on/after **October 1, 2020: \$190**
- Permits not renewed by **September 30, 2020**, are lapsed and may incur disciplinary action by the Board.
- A completed application must be postmarked before September 30, 2020.
- On October 1, lapsed permits will be assessed fees of \$10/day until the permit is reinstated
- Information from this renewal may be shared.

FOR BOARD USE ONLY	
Date Processed	
Check No.:	
Amount Paid	
Self-Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No

Profit/Non-Emergency Transport Non-Profit (No renewal fee required)

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

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

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

Type of organization:

- Rescued Squad Industry County/City Government Fire Dept. Private Provider

Level of Service (Check all that apply):

- Basic Life Support Intermediate Advanced Life Support Non-Emergency Transport

- 911 Response with Transport

I hereby certify that the EMS non-dispensing drug outlet, for which this permit renewal is sought, will be conducted in full compliance with the statutory laws of this State pertaining to pharmacy and that the drug outlet 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 the location for which this permit is issued is subject to inspection by the Board of Pharmacy.

 Permit Holder Signature

 Print Name of Permit Holder Title

Email: _____

Date

I hereby certify that as Consultant Pharmacist or Medical Director, I will be responsible for all duties connected with the proper and lawful conduct of this drug outlet, as required by the South Carolina Pharmacy Practice Act.

Consultant Pharmacist/Medical Director Signature

Print Name of Consultant Pharmacist/Medical Director

Mail completed application with self-inspection report to: SCBOP, 110 Centerview Drive, Columbia, SC 29210

Permits not renewed by September 30, are lapsed and will be assessed ten dollars (\$10) a day until the permit is reinstated, plus the fifty-dollar (\$50) penalty fee, and the renewal fee (\$140). A permit holder who allows a site to operate with a lapsed permit is in violation of Section 40-43-83.

A permit holder who allows a site to operate with a lapsed permit is in violation of Section 40-43-83 and disciplinary action may result.

PRIVACY DISCLOSURE

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 services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.

EMS NON-DISPENSING DRUG OUTLET FACILITY SELF-INSPECTION REPORT

Permit Name: _____ Permit No.: _____

Address: _____

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

S-Satisfactory		I-Improvement needed		U-Unsatisfactory		N/A-Not Applicable	
Section	Description	S	I	U	N/A		
40-43-83(F)	Permit displayed						
40-43-86(A)(1)	Sufficient space for safe and proper storage						
40-43-86(A)(10)	Storage areas temperature adequate						
40-43-86(A)(10)	Vehicles are climate controlled						
40-43-86(A)(13)	Physical or electronic barrier						
40-43-86(A)(16)(a)	Dry, well ventilated, adequate lighting						
40-43-86(A)(16)(b)	Free from dust, insects, rodents, contamination						
40-43-86(A)(16)(c)	Outdated, damaged, unlabeled drugs removed from active stock						
40-43-86(A)(16)(d)	Refrigerator temperature _____ (36-46 degrees F)						
40-43-86(C)(1)(a)	P&Ps for procurement, storage, compounding and distribution readily available						
40-43-86(C)(1)(b)	Record-keeping system for purchase, sale, possession, storage, safekeeping and return of drugs established						
40-43-86(C)(1)(c)	P&Ps for recalls and removal of outdated and adulterated drugs readily available						
40-43-86(C)(1)(d)	All employees related to procurement, compounding, sale, distribution and storage of drugs properly supervised						
40-43-86(C)(1)(f)	Written monthly inspections performed and readily available						

This self-inspection must be completed by the Medical Director or Consultant Pharmacist.

I certify that the above information is correct and true to the best of my knowledge. Submission of this completed inspection report is to certify that this facility is in compliance with all SC Board of Pharmacy statutes and regulations. Non-compliance will result in possible disciplinary action by the SC Board of Pharmacy.

Signature of Permit Holder

Date

Signature of Medical Director or Consultant Pharmacist

License Type: MMD MDO RPH

License No.: _____ Date: _____