South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596
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2020-2021 RENEWAL FEDERALLY-QUALIFIED HEALTH CENTER DRUG OUTLET PERMIT

Renewal Instructions/Requirements:

- Renewal form, fee and any other applicable documentation are due by September 30th.
- 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.
- On October 1, lapsed permits will be assessed fees of $10/day until the permit is reinstated.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.
- Permits not renewed by September 30th are lapsed and may not operate.
- A permit holder who allows a site to operate with a lapsed permit is in violation of Section 40-43-83 and may result in disciplinary action.

FOR BOARD USE ONLY	
Check No.	
Amount Paid	
Processed	
Returned Incomplete	

Facility Name: _____ Permit No.: _____

Business Address: _____ State: _____ Zip: _____

Mailing Address: _____ State: _____ Zip: _____
(If different than above)

Fed EIN: _____ Phone: _____

Hours of Operation:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

Pharmacy supplying medications: _____ Permit No.: _____

Permit Holder (Responsible person designated as Permit Holder):

Name: _____ Title: _____

Email: _____ Phone: _____

Consulting Pharmacist:

Name: _____ License No: _____

Email: _____ Phone: _____

ATTESTATION

I hereby certify that the 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

Title

Date

I hereby certify that as Consultant Pharmacist, 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.

Permit Holder Signature

Title

Date