

South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Pharmacy

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2020-2021 RENEWAL NON-DISPENSING DRUG OUTLET PERMIT

Renewal Instructions/Requirements:

- Renewal form, fee and any other applicable documentation are due by September 30.
- 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.)
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.
- Permits not renewed by September 30 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.
- Fee: Postmarked before September 30, 2020: \$140 Postmarked on/after October 1, 2020: \$190
- On October 1, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.

Facility Na	me:			Permit No.:				
Business Address: Fed EIN:				City:		Zip:		
			Pł					
Hours of C)peration:							
Sun:	Mon:	Tues:	Wed:	Thur:	Fri:		_Sat:	
Select the (type(s) of activity	taking pla	ce at this site:					
□ Manufacturer			□ Wholesale Distributor		□ Storin	□ Storing Legend Drugs		
□ Distributing Oxygen			□ Third Party Logistics		🗆 Admi	□ Administering Legend Drugs		
□ 503B Outsourcing Facility		cility	□ Distributing Legend ME Devices		🗆 Dispe	□ Dispensing Samples Only		
□ Othe	er:							
Does your	facility distribute	e, store or 1	manufacture cont	rolled substances	? [□ Yes	□ No	
WHOLES	SALE / DISTRIB	UTORS / N	MANUFACTURE	RS / 3PL / 503B				
Does your facility hold licenses/permits in any other states?					[□ Yes	□ No	
If yes, h	ave any of the out	-of-state lic	enses been discipli	ned?	[□ Yes	🗆 No	

If yes, submit copies of disciplinary action any other applicable documentation.

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

WHOLESALE / DISTRIBUTORS / MANUFACTURERS / 3PL / 503B - continued

State: License/Permit No.: State: License/Permit No.: Permit Holder (Responsible person designated as Permit Holder): Name: Name: Title:	facility
State: License/Permit No.: State: License/Permit No.: Permit Holder (Responsible person designated as Permit Holder): Name: Title: Name: Phone: Phone: Phone: Email: Phone: Phone: Phone: Regulation 99-43 requires that all Non-Dispensing Drug Outlets have a Consultant Pharmacist unless the fis engaged in manufacturing, wholesaling, or distributing only; or is an Emergency Medical Service licensed DHEC using a Consultant Pharmacist or Medical Director.	facility
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Consulting Pharmacist (If applicable): 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 cor with the statutory laws of this State pertaining to pharmacy and that the drug outlet will be under the super a Consultant Pharmacist as required by the South Carolina Pharmacy Practice Act and Regulations pror thereunder. I understand that the location for which this permit is issued is subject to inspection by the P harmacy.	vision of nulgated
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.

Consultant Pharmacist Signature

Print Name of Consultant Pharmacist

Date