



2020-2021 RENEWAL NON-RESIDENT MEDICAL GAS/LEGEND DEVICE PERMIT

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: \$280**
 Postmarked on/after **October 1, 2020: \$330**
- 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.

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

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

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Hours of Operation (ex. 9AM-9PM) _____

FACILITY DISPENSES (Check all that apply):

Medical Gases Medical Equipment Reparatory Equipment Other: _____

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board of Pharmacy?

Yes – Contact the Board of Pharmacy office before completing this application No

Since your last renewal, has any license you hold as a medical gas/DME provider been disciplined? Yes No

ATTESTATION

I certify that I have read and approved the foregoing, and the statements are true and correct; that I will comply with the requirements for non-resident medical gas/legend device as contained in the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

 Permit Holder Signature

 Print Permit Holder Name

 Email Address of Permit Holder

 Date

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.

Privacy disclosure and information from this renewal may be shared.

Completed application with required documents and fee must be postmarked before **September 30.**

_____ Resident State License _____ Recent Inspection Report _____ \$280 Renewal fee payable to
SC Board of Pharmacy

Mail application and fee to: SC Board of Pharmacy, 110 Centerview Drive Suite 201, Columbia, SC 29210