



2020-2021 PERMIT RENEWAL NON-RESIDENT NON-DISPENSING PHARMACY

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	
Permit No.	
Date Paid	
Amount Paid	
Check No.	

Federal Tax ID No.: _____

Resident State License No.: _____ Expiration Date: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax No.: _____

Mailing address where all correspondence regarding licensure will be mailed if other than facility above:

Contact Person: _____ Email: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

1. What is the daily working ratio of pharmacist to pharmacy technicians? _____

2. Date of your last Board of Pharmacy Inspection? _____
(Attach a copy of the inspection report)

3. Date standard operating policy and procedures last reviewed/revised: _____

4. Indicate the primary type of service at this location:
- | | | |
|--|--|--|
| <input type="checkbox"/> Data entry for retail | <input type="checkbox"/> Data entry for hospitals | <input type="checkbox"/> Data entry for long term care |
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Medication therapy management | <input type="checkbox"/> Consulting Only |

5. 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

6. Since your last renewal, has any pharmacy license/permit that the facility, permit holder or pharmacist in charge holds been disciplined? Yes No
 If YES, is there any pending disciplinary action? Yes No
(Attach a copy of the disciplinary action)

ATTESTION

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief; I will comply with the Code of Laws of the South Carolina Pharmacy Practice Act and I understand I am responsible for any violation occurring during my tenure.

Pharmacist-In-Charge Signature

Print Name of Pharmacist-In-Charge

License No.

SC License No.

Email Address of Pharmacist-In-Charge

Date

I declare that foregoing statements are true and correct to the best of my knowledge and belief; the permit applied for is to cover only the pharmacy indicated above and the location specified; and that I will comply with the Code of Laws of the South Carolina Pharmacy Practice Act.

Permit Holder Signature

Print Name of Permit Holder

Email Address of Permit Holder

Date

Attach copies of the following if applicable:

- Most recent state inspection
- \$280 fee payable to SC Board of Pharmacy

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

Return completed application and required supporting documents to this address:
SC Board of Pharmacy, 110 Centevue Drive, Columbia, SC 29210

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.

CERTIFICATION STATEMENT

This statement to be completed by the Pharmacist-in-Charge of the Non-resident Non- dispensing Pharmacy permit as a consulting, remote order entry, or medication therapy management pharmacy only.

I certify that no prescription drugs are to be purchased/acquired, stored, used or distributed at this location.

Name of pharmacy: _____

Street address: _____

City: _____ State _____ Zip code _____

Printed name of Pharmacist-in-charge: _____

Signature of Pharmacist-in-charge: _____

Sworn to and signed before me this date:

Date: _____

Signature of Notary: _____

For the state of: _____

My commission expires: _____