



**2020-2021 RENEWAL NON-RESIDENT 503B OUTSOURCING FACILITY 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: \$700**  
 Postmarked on/after **October 1, 2020: \$750**
- 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.

<b>FOR BOARD USE ONLY</b>	
Check No.	
Amount Paid	
Processed	
Returned Incomplete	

Permit No.: \_\_\_\_\_ Federal Tax ID No.: \_\_\_\_\_

Resident State License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

SC DHEC Control Substance Registration No.: \_\_\_\_\_

DEA Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address where all correspondence regarding licensure should be sent if other than facility above:

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 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
- Have any pharmaceutical licenses or permits held by the facility been restricted, revoked, suspended or otherwise disciplined? If yes, provide a copy of the disciplinary action.  Yes  No
- Does the facility engage in the compounding of NON-STERILE drug products?  Yes  No
- Do you compound hazardous medication?  Yes  No
- Does the facility dispense compounded drugs pursuant to valid prescriptions?  Yes  No
- Has the facility been inspected by the FDA? Date: \_\_\_\_\_  Yes  No
- If inspected by the FDA, was the facility issued any 483's? If YES, provide a copy of the FDA Form 483 and your company's response to the issues noted.  Yes  No

8. Does the facility distribute, store or manufacture controlled substances?  Yes  No
9. Which of the following entities does the facility sell/ship products? (check all that apply)
- Hospital Pharmacies  Permitted clinics/surgery centers
- Practioners (MD, DMD, DVM, APRN, PA-C)  Other: \_\_\_\_\_

**ATTESTATION**

I hereby certify that the facility for which this permit renewal is sought, will be conducted in full compliance federal and South Carolina law pertaining to its pharmaceutical operations and that the facility will be under the supervision of a Responsible Pharmacist as required by the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that I am responsible for any violations during my tenure.

\_\_\_\_\_  
Permit Holder Signature

\_\_\_\_\_  
Print Name of Permit Holder

\_\_\_\_\_  
Email Address of Permit Holder

\_\_\_\_\_  
Date

I hereby certify that as Responsible Pharmacist, I will be responsible for all duties connected with the proper and lawful conduct of this facility, as required by federal law and the South Carolina Pharmacy Practice Act and for overseeing compounding at this facility.

\_\_\_\_\_  
Responsible Pharmacist Signature

\_\_\_\_\_  
Print Name of Responsible Pharmacist

\_\_\_\_\_  
Email Address of Responsible Pharmacist

\_\_\_\_\_  
Date

**Attach copies of the following:**

\_\_\_\_ most recent inspection report (FDA or State) \_\_\_\_ \$700 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 Centerview 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.