



2020-2021 NON-RESIDENT THIRD PARTY LOGISTICS PROVIDER PERMIT RENEWAL

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.
- **Completed application with required documents and fee must be postmarked before September 30, 2020.**
- 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 | |

Federal Tax ID No.: _____ SC Permit 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: _____ NABP e-Profile ID (if applicable): _____

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

Contact Person: _____ Email: _____

Facility Name: _____ Address: _____

City: _____ State: _____ Zip: _____

1. Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board? ☐ Yes ☐ No

If yes, contact the Board of Pharmacy office before completing this application.

2. Since your last renewal, has any license you hold been disciplined? ☐ Yes ☐ No

If yes, attach copy of disciplinary action(s).

3. Is your facility accredited by the NABP Drug Distributor Accreditation program? ☐ Yes ☐ No

Expiration Date: _____

4. Do you distribute controlled substances? ☐ Yes ☐ No

5. Logistic services provided for the following types of facilities:

☐ Manufacturer ☐ Wholesaler ☐ Repackager ☐ Other: _____

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 pharmacies 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 Name of Permit Holder

Permit Holder Title

Email Address of Permit Holder

Date

Attach copies of the following items: (If an item is not applicable, please indicate N/A).

☐ Most recent inspection report ☐ \$700 fee payable to SC Board of Pharmacy ☐ Surety Bond

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.

Return completed application and required supporting documents to:

SC Board of Pharmacy
110 Centerview Drive
Columbia, SC 29210