



2020-2021 PHARMACY 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: **\$140**
 Postmarked on/after October 1, 2020: **\$190**

Completed application with required documents and \$140 fee must be postmarked before September 30, 2020.

- 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.: _____

Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax No.: _____

County in which facility is located: _____

Hours of Operation (ex. 9AM-9PM)

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

- 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
- Does your pharmacy hold a pharmacy permit in any other states? Yes No
 If yes, attach a list of states and license numbers.
- Does your pharmacy do compounding? Yes No
- Does your pharmacy do sterile compounding? Yes No
 If yes, do you ship sterile compounds out of state? Yes No
- Do you compound hazardous medication? Yes No
- Have any out-of-state permits been disciplined? Yes No
 If yes, attach copies of the disciplinary action. Yes No
- Does your pharmacy provide Medication Therapy Management services? Yes No
- Does your pharmacy sell over-the-counter pseudoephedrine? Yes No

Permit Holder Name and Title: _____

Phone Number: _____ Work email: _____

Name of Pharmacist-in-Charge: _____

PIC License Number: _____ Work email: _____

ATTESTATION

I hereby certify that the pharmacy, for which this permit is sought, will be conducted in full compliance with the statutory laws of this State pertaining to pharmacy and that the pharmacy will be under the supervision of a licensed pharmacist as required by law.

Permit Holder Signature

Date

I hereby certify that as Pharmacist-in-Charge, I will be responsible for the operation of this pharmacy in conformance with all laws pertinent to the practice of pharmacy and distribution of drugs and will be in full and actual charge of the pharmacy and personnel.

Pharmacist-In-Charge Signature

Date

Information from this renewal may be shared.

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

MEDICATION THERAPY MANAGEMENT services include but are not limited to:

- Performing or obtaining necessary assessments of the patient’s health status,
- Formulating a medication treatment plan,
- Selecting, initiating, modifying, or administering medication therapy,
- Monitoring and evaluating the patient’s response to therapy, including safety and effectiveness,
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events,
- Documenting the care delivered and communicating essential information to the patient’s other primary care providers,
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his or her medications,
- Providing information, support services and resources designed to enhance patient adherence with his or her therapeutic regimens, and
- Coordinating and integrating Medication Therapy Management (MTM) services within the broader health care management services provided to the patient

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.