



**2021-2022 RENEWAL MEDICAL GASES/LEGEND DEVICES 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.)
- **Renewal / Late Fees:**  
 Postmarked before 6/1/2021: **\$140**  
 Postmarked on or after 6/1/2021: Late Fee \$50 + Renewal Fee \$140 = **\$190**
- Beginning July 1, 2021, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Permits not renewed by June 30, 2021, are lapsed and may not operate. A permit holder who allows a site to operate with a lapsed permit is in violation of Section 40-43-83 and may result in disciplinary action.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.
- Information from this renewal may be shared.

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

**FACILITY INFORMATION**

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

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Activity Type:**

Check all types of activities taking place at this facility:

Dispensing Oxygen     Dispensing Legend DME     Storing Legend     Other: \_\_\_\_\_

**Permit Holder** (Responsible person designated as Permit Holder):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consulting Pharmacist or Designee:**

A Medical Gases/Legend Device permit allows a Medical Director, Respiratory Care Therapist, Registered Nurse to be responsible and accountable for the duties of the Consultant Pharmacist as provided in Section 40-43-86 (C)(5).

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

License Type: \_\_\_\_\_ License No.: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ATTESTATION**

I hereby certify that the drug outlet, for which this permit renewal is sought, will be conducted in full compliance with the statutory laws of this State pertaining to pharmacy and that the drug outlet will be under the supervision of a Consultant Pharmacist as required by the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that the location for which this permit is issued is subject to inspection by the Board of Pharmacy.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PRIVACY NOTICE**

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 purposes.