



**2021-2022 RENEWAL NON-RESIDENT NON-DISPENSING DRUG OUTLET 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: **\$280**  
 Postmarked on or after 6/1/2021: Late Fee \$50 + Renewal Fee \$280 = **\$330**
- Beginning July 1, 2021, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Attach copy of most recent state inspection.
- 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>	
Permit No.	
Date Paid	
Amount Paid	
Check No.	

**FACILITY INFORMATION**

Federal Tax ID No.: \_\_\_\_\_  
 Resident State License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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

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:  
 Data entry for retail       Data entry for hospitals       Data entry for long-term care  
 Call center       Medication therapy management       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)

**ATTESTATION**

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

**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.

**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: \_\_\_\_\_