



2021-2022 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.)
- **Renewal / Late Fees:**
 Postmarked before 6/1/2021: **\$700**
 Postmarked on or after 6/1/2021: Late Fee \$50 + Renewal Fee \$700 = **\$750**
- Beginning July 1, 2021, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Attach copy of most recent inspection report.
- 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.

FOR BOARD USE ONLY	
Check No.	
Amount Paid	
Date Processed	
Returned Incomplete	

FACILITY INFORMATION

Federal Tax ID No.: _____ SC Permit No.: _____
 Resident State License No.: _____ Expiration Date: _____
 SC DHEC/Control Substance Registration No. (If applicable): _____
 DEA Registration No.: _____ Expiration Date: _____
 Facility Name: _____
 Facility Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: _____ NABP e-Profile ID (If applicable): _____
 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: _____

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

1. Since your last renewal, has any license or permit you hold been disciplined? Yes No
 If Yes, provide a copy of the disciplinary action.
2. Is your facility accredited by NABP Drug Distributor Accreditation program? Yes No
 If Yes, Expiration Date: _____
3. Does your facility distribute controlled substances? Yes No
4. 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

Date

Print Name of Permit Holder

Permit Holder Title

Permit Holder Email: _____

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.