



South Carolina Board of Pharmacy

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llr.sc.gov/bop

2026-2027 CENTRAL FILL PHARMACY PERMIT RENEWAL

Before you renew:

- South Carolina law requires permit holders to notify the Board within ten (10) working days if there has been a change in ownership, legal name change, change in business form, management, pharmacist-in-charge or relocation of the facility. DO NOT RENEW if any of these changes have occurred. You must contact the Board before renewing the permit. See S.C. Code § 40-43-91(B)(2).

Table with 2 columns and 3 rows: FOR BOARD USE ONLY, Date Paid, Check No., Amount Paid

Renewal Requirements and Instructions:

- To electronically submit this permit renewal directly to the Board visit: https://eservice.llr.sc.gov/DocumentSubmission/. The renewal fee may be paid via debit/credit card or electronic check.

Note: If mailing the paper application for permit renewal, submit the 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:

Permit renewals postmarked before May 31, 2026: \$140

Permit renewals postmarked on or after June 1, 2026: Late Fee \$50 + Renewal Fee \$140 = \$190

- Permits not renewed by June 30, 2026, are lapsed. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. Additionally, a permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may also be subject to disciplinary action.

Beginning July 1, 2026, lapsed permits will be assessed fees of \$10/day until the permit is reinstated, pursuant to S.C. Code Ann. § 40-43-90(D).

FACILITY INFORMATION

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

SC DPH/Controlled Substance Registration No. (if applicable): \_\_\_\_\_

DEA Registration No. (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NABP e-Profile ID (if applicable): \_\_\_\_\_

Legal Name of Facility: \_\_\_\_\_

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

Facility Address (physical): \_\_\_\_\_

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

Mailing address where all correspondence regarding permitting will be sent if other than facility above

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

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

Permit Holder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pharmacist-in-Charge: \_\_\_\_\_ License No.: \_\_\_\_\_

**FACILITY OPERATIONS**

Days and Hours of Operation: \_\_\_\_\_

Toll-Free Number for Patients: \_\_\_\_\_

- 1. Does this pharmacy fill prescriptions for controlled substances?  Yes  No
- 2. Has there been a change in ownership, legal name change, change in business form, or relocation of the facility?  
 Yes – Contact the Board of Pharmacy office before completing this application.  No
- 3. Is this facility compliant with the Drug Supply Chain Security Act (DSCSA)?  Yes  No  
Access information on DSCSA at [www.llr.sc.gov/bop](http://www.llr.sc.gov/bop).

**COMPOUNDING**

- 1. Does this pharmacy engage in compounding?  Yes  No
- 2. Has this pharmacy added compounding since it’s last renewal? If yes, contact the Board of Pharmacy office before completing this application.  Yes  No
- 3. Does this pharmacy engage in sterile compounding?  Yes  No
- 4. Does this pharmacy compound hazardous medication?  Yes  No
- 5. Is this pharmacy registered as a 503B outsourcing facility with the FDA?  Yes  No

**ORIGINATING PHARMACIES** (Attach additional sheet(s) if necessary.)

**Facility Name:** \_\_\_\_\_ **Facility Permit No.:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Facility Permit No.:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Facility Permit No.:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Facility Permit No.:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Facility Permit No.:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Facility Permit No.:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCIPLINARY HISTORY**

For any “Yes” answers below, please provide and submit a detailed explanation for each person or entity to whom a Yes answer applies. Official documentation of judgment(s) or disposition(s) must also be provided by the applicable person and/or the entity’s authorized agent, as well as the city and state where the offense(s) or discipline occurred.

**To the best of your knowledge, SINCE THE LAST RENEWAL, (or if this is your first renewal since your initial licensure), has the applicant, the entity, undersigned permit holder, pharmacist-in-charge, any person or entity identified as holding a position in ownership/management, or any entity under common control with the applicant:**

- 1. Had a professional license or permit disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations, revoked?  Yes  No
- 2. Have any pending disciplinary action?  Yes  No
- 3. Been convicted, fined, or entered in a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)?  Yes  No
- 4. Have any legal action pending related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action?  Yes  No
- 5. Operated, or allowed any facility to operate, without a valid permit?  Yes  No

**PERMIT HOLDER ATTESTATION**

- I hereby affirm that I have read and approved the forgoing renewal application. I affirm that all information and statements contained herein are true and accurate to the best of my knowledge and belief.
- I accept responsibility to ensure additional explanation and documentation will be provided, if necessary. I further understand that this application will not be processed until all documentation is received.
- I will comply with all federal and state laws related to operations at the above-named facility, and acknowledge responsibility for any violation(s) of law.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

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

\_\_\_\_\_  
Date

**PHARMACIST-IN-CHARGE ATTESTATION**

- I hereby affirm that I have read and approved the foregoing renewal application. I affirm that all information and statements contained herein are true and accurate, to the best of my knowledge and belief.
- I understand that I am responsible for abiding by the statutes and regulations governing my role as the facility’s pharmacist-in-charge.
- I hereby certify that the facility for which this permit renewal is sought will be operated in full compliance with all applicable federal and South Carolina laws including, but not limited to, the storage and shipment of medications pursuant to this permit.
- I affirm responsibility to ensure this facility shall employ adequate personnel with the education and experience necessary to safely and lawfully engage in the practice of pharmacy.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

\_\_\_\_\_  
Pharmacist-in-Charge Signature

\_\_\_\_\_  
Date