



**2021-2022 PERMIT RENEWAL EMS NON-DISPENSING**

**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.
- Attach copy of most recent self-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	
Self-Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Permit Type (Check one only):**  Profit/Non-Emergency Transport  Non-Profit (No renewal fee required)

**FACILITY INFORMATION**

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

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

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Type of Organization:**

Rescue Squad  Industry  County/City Government  Fire Department  Private Provider

**Level of Service (Check all that apply):**

Basic Life Support  Intermediate  Advanced Life Support  Non-Emergency Transport  
 911 Response with Transport

**ATTESTATION**

I hereby certify that the EMS non-dispensing 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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Permit Holder

\_\_\_\_\_  
 Title

Permit Holder Email: \_\_\_\_\_

I hereby certify that as Consultant Pharmacist or Medical Director, I will be responsible for all duties connected with the proper and lawful conduct of this drug outlet, as required by the South Carolina Pharmacy Practice Act.

\_\_\_\_\_  
Consultant Pharmacist/Medical Director Signature

\_\_\_\_\_  
Print Name of Consultant Pharmacist/Medical Director

**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.

# EMS NON-DISPENSING DRUG OUTLET FACILITY SELF-INSPECTION REPORT

Permit Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

S-Satisfactory	I-Improvement needed	U-Unsatisfactory	N/A-Not Applicable		
Section	Description	S	I	U	N/A
40-43-83(F)	Permit displayed				
40-43-86(A)(1)	Sufficient space for safe and proper storage				
40-43-86(A)(10)	Storage areas temperature adequate				
40-43-86(A)(10)	Vehicles are climate controlled				
40-43-86(A)(13)	Physical or electronic barrier				
40-43-86(A)(16)(a)	Dry, well ventilated, adequate lighting				
40-43-86(A)(16)(b)	Free from dust, insects, rodents, contamination				
40-43-86(A)(16)(c)	Outdated, damaged, unlabeled drugs removed from active stock				
40-43-86(A)(16)(d)	Refrigerator temperature _____ (36-46 degrees F)				
40-43-86(C)(1)(a)	P&Ps for procurement, storage, compounding and distribution readily available				
40-43-86(C)(1)(b)	Record-keeping system for purchase, sale, possession, storage, safekeeping and return of drugs established				
40-43-86(C)(1)(c)	P&Ps for recalls and removal of outdated and adulterated drugs readily available				
40-43-86(C)(1)(d)	All employees related to procurement, compounding, sale, distribution and storage of drugs properly supervised				
40-43-86(C)(1)(f)	Written monthly inspections performed and readily available				

**This self-inspection must be completed by the Medical Director or Consultant Pharmacist.**

I certify that the above information is correct and true to the best of my knowledge. Submission of this completed inspection report is to certify that this facility is in compliance with all SC Board of Pharmacy statutes and regulations. Non-compliance will result in possible disciplinary action by the SC Board of Pharmacy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Director or Consultant Pharmacist

**License Type:**    MMD    MDO    RPH

License No.: \_\_\_\_\_ Date: \_\_\_\_\_