South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
PO Box 11927, Columbia, SC 29211-1927
Phone: 803-896-4700 * Fax: 803-896-4596 * www.llr.state.sc.us/pol/Pharmacy

For Board Use Only	
Date Processed	
Amount Paid	
Check #	
Incomplete-Date Returned	

2015-2016
Non-Resident Pharmacy Permit Renewal

Renewal fee: **$200 postmarked before June 1**
$250 postmarked on/after June 1

Application will be returned to you unless completed in full and required documents are attached. Both permit holder and pharmacist-in-charge signatures must be notarized.

PERMIT #:

PERMIT HOLDER:

Federal Tax ID#:_____

Please verify address printed above. If any change in location, please contact the Board of Pharmacy office before completing this application.

Phone: _____ Fax: _____

Resident State Permit #: _____Date issued: _____Date of last inspection_____

Name of Pharmacist-in-Charge:_____Lic #_____

Toll-Free Telephone Number for Patient-Pharmacist Communication:_____

Hours Toll-Free Telephone Service Available: Daily: _____ Saturday: _____ Sunday: _____

1-Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board of Pharmacy? ☐Yes ☐ No
If yes, please contact the Board of Pharmacy office before completing this application.

2-Does your pharmacy do compounding? ☐Yes ☐ No
If yes, does your pharmacy do sterile compounding? ☐Yes ☐ No

3-Has your pharmacy added compounding since your last renewal? ☐Yes ☐ No

4-Since your last renewal, has any pharmacy license you hold been disciplined? ☐Yes ☐ No
If yes, please provide copies of the disciplinary action.

5-Since your last renewal, has the pharmacist-in-charge's license been disciplined? ☐Yes ☐ No
If yes, please provide copies of the disciplinary action.

6-Does your pharmacy dispense controlled substances? ☐Yes ☐ No

7-Describe the primary activity at this pharmacy, which requires this non-resident pharmacy permit:_____

_____

Application continued on back.

ATTACH PHARMACY LABEL HERE

Names of all Pharmacists Employed Full Time (use additional sheets if necessary)	License Number
Names of all Pharmacists Employed Part Time (use additional sheets if necessary)	License Number

I certify that I have read and approved the foregoing and the statements are true and correct to the best of my knowledge and belief; 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.

_____ Subscribed and sworn before me this date:_____

Signature of Pharmacist-in-Charge

_____ _____

Print Name of Pharmacist-in-Charge Notary Public

_____ _____ My commission expires_____

Email address of Pharmacist-in-Charge State

I declare that the 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 at the location specified; and that I will comply with the requirements for non-resident pharmacies as contained in the South Carolina Pharmacy Practice Act.

_____ Subscribed and sworn before me this date: _____

Signature of Permit Holder

_____ _____

Print Name and Title of Permit Holder Notary Public

_____ _____ My commission expires_____

Email address of Permit Holder State

I have enclosed copies of the following items:

_____ resident state pharmacy license _____ most recent inspection report _____ federal controlled substance license

_____ state controlled substance license _____signed and notarized renewal _____ $200 fee payable to SC Board of Pharmacy

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- Completed application with required documents and fees must be submitted and postmarked before June 1, 2015.
- After June 1, 2015, a penalty of $50 will be assessed. Permits not renewed by June 30, 2015, are lapsed and may incur further disciplinary action by the Board. A late fee of $10/day will be assessed until the permit is reinstated.
- Return completed application to: SC Board of Pharmacy, PO Box 11927, Columbia SC 29211-1927 or
- SC Board of Pharmacy, 110 Centerview Drive Suite 201, Columbia SC 29210