

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596
llr.sc.gov/bop

HEALTH SYSTEM NON-DISPENSING DRUG OUTLET PERMIT APPLICATION REQUIREMENTS AND INSTRUCTIONS

This permit authorizes a Hospital Owned Health System, which stores and administers legend drugs and or devices, to operate multiple facilities covered under a single associated hospital Pharmacy Permit that has already been issued by the Board. A South Carolina Health System Non-Dispensing Drug Outlet ("HSNDDO") Permit Application is valid for one (1) year.

A Hospital Owned Health System Non-Dispensing Drug Outlet Permit requires that the **Pharmacist-in-Charge** of the associated hospital pharmacy be responsible for all facilities that fall under the HSNDDO Permit.

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the application process. If an item is not applicable, please indicate N/A. Items should be provided in the order listed below. Please do not send in binders, folders or use dividers. Ensure all documentation/information is legible, and retain copies of all documents for your records.

Using false, fraudulent, forged statements or documents, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or licensure denial.

Included N/A □ Check or money order only (no cash) in the amount of \$280.00 made payable to SC Board of Pharmacy. (Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.) □ Copies of policies and procedures relating to the handling of medications and/or legend devices □ List of each facility covered by the Hospital Non-Dispensing Drug Outlet Permit (name, address and phone number) □ If this application includes a change of ownership, include organizational charts of before and

after the change. Charts must include names of owners with a 10% or greater ownership interest

Mail application, required documentation and payment to the address listed at the top of this page.

Include with your application (check N/A if not applicable):

if a non-publicly traded company.



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| EACH ITV INCODMATION COD ACCOCIATED HEAT THE SYSTEM | | FOR BOARD USE ONLY |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|
| FACILITY INFORMATION FOR ASSOCIATED HEALTH SYSTEM PHARMACY PERMIT | CIATED HEALTH SYSTEM | Date Paid |
| | | Amount Paid |
| Federal Tax ID No.: | | Check Number |
| NABP e-Profile ID No. (if applicable): | | Inspector |
| Name of Hospital: | Hospital Pharmacy | Permit No.: |
| Legal Name of Associated Pharmacy: | | |
| DBA Name: | | |
| Facility Address: | | |
| City: | State: | _ Zip: |
| Telephone No.: | Fax No.: | |
| County in which facility is located: | | |
| Mailing Address where all correspondence reg | arding permitting will be sent if other | than facility above: |
| Contact Person: | Email: | • |
| Mailing Address: | | |
| in this jurisdiction and those located outside List of clinics/practices covered by this Hosp needed, list all sites on a separate sheet. | | utlet Permit. If additional space is |
| Name | Address | Phone Number |
| rvaine | Addiess | Thone Number |
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| lawful conduct required by federal law and the | arge, I will be responsible for all duties connected to the South Carolina Pharmacy Practice Act and regular Englishment Pharmacy Permit and associated witton. | gulations promulgated |
| Pharmacist-In-Charge Signature | Date | |
| Print Name of Pharmacist-In-Charge | | |
| Email Address of Pharmacist-In-Charge | Phone Number | |
| License Number | | |

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.