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

NARCOTIC TREATMENT PROGRAM PERMIT APPLICATION REQUIREMENTS AND INSTRUCTIONS

This permit authorizes a narcotic treatment facility to store, administer and dispense legend drugs. A South Carolina Pharmacy Permit application has a one-year expiration.

All facilities will be inspected before a permit is issued.

Per S.C. Code Ann. § 40-43-90(A)(1), application must be received forty-five **(45)** days before the required permit is needed to allow for application processing, on-site inspection, and if necessary, written corrective action response.

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 statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or licensure denial.

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

Included	N/A	
☐	☐	Check or money order only (no cash) in the amount of **$280** 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.)
☐	☐	A letter describing, in detail, the nature of your business
☐	☐	Copies of policies and procedures relating to the handling of medications and/or legend devices
☐	☐	Copy of the SC pharmacist's license
☐	☐	Provide a list of all pharmacy permits/licenses held in other states
☐	☐	Photographs of: o Entrance o Exit o Product area
☐	☐	Include organizational chart from the ultimate parent company down to and including the applicant.
☐	☐	If a change of ownership, include organization charts of before and after the change. Chart must include names of owners with a 10% or greater ownership interest if a non-publicly traded company.

Mail application to the address listed at the top of this page.

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

NARCOTIC TREATMENT PERMIT APPLICATION

☐ New Facility

☐ Change to Existing Permit (Permit No.: _____)
- ☐ Change of Name
- ☐ Change of Location (from one city to another)
- ☐ Change of Ownership (include organizational chart before and after change)

For Board Use Only	
Date Paid	
Amount Paid	
Check No.	
Inspector	

FACILITY INFORMATION

FEIN No.: _____ NABP e-Profile ID No.: _____

Legal Name of NTP Pharmacy: _____

DBA Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name of Corporation: _____

Mailing Address: _____

Expected Opening Date: _____ Days and Hours Open: _____

Phone No.: _____ Email: _____

Is application based on a change in ownership? ☐ Yes ☐ No

If Yes: _____ SC Permit No.: _____
Previous Name of Facility

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

Contact Person: _____ Email: _____

Facility Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Other NTP where serve as PIC (if applicable):

Facility Name	Location	Permit No.

PHARMACISTS EMPLOYED FULL-TIME

List the full-time pharmacists and their license numbers. Attach additional sheet, if necessary.

Name	License Number

PHARMACISTS EMPLOYED AS RELIEF OR PART-TIME

List the relief or part-time pharmacists and their license numbers. Attach additional sheet, if necessary.

Name	License Number

PHARMACY TECHNICIANS

List the pharmacy technicians and their registration numbers. Attach additional sheet, if necessary.

Name	Registration No.	Name	Registration No.

OWNERSHIP

☐ **Sole Proprietorship** Name of Business Entity: _____

Name	City, State	Birth Year

☐ **General Partnership** ☐ **LLP** Name of Partnership/LLP: _____

Partner Name	City, State	Birth Year	% of Ownership

☐ **Corporation** ☐ **LLC** Legal Name of Corporation/LLC: _____

Is this facility publicly traded? ☐ Yes ☐ No

Name of Parent Company: _____ State of Incorporation: _____

Name of Individual Owners and Principal Officers	Title	City, State	Birth Year	% of Ownership
1.				
2.				
3.				

Pursuant to SECTION §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.

Has any license or permit held by the applicant, permit holder, pharmacist or by any owner or corporate officer, ever been disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations or revoked for violations of any federal or state pharmacy laws or drug laws regardless of state? ☐ Yes* ☐ No

*If yes, attach a full written explanation and attach copies of applicable court documentation.

ATTESTATION

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief. I will comply with the requirements contained in the South Carolina Pharmacy Practice Act and I understand I am responsible for any violation(s) occurring during my tenure.

_____ _____
Permit Holder Signature Date

_____ _____
Print Name of Permit Holder Title

_____ _____
Permit Holder Email Phone Number

I hereby certify that as Pharmacist-in-Charge, I will be responsible for the operation of this pharmacy in conformance with all laws pertinent to the practice of pharmacy and distribution of drugs and will be in full and actual charge of the pharmacy and personnel.

_____ _____
Pharmacist-in-Charge Signature Date

_____ _____
Print Name of Pharmacist-in-Charge License Number

_____ _____
Pharmacist-in-Charge Email Address Phone 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.