



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
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llr.sc.gov/bop

NARCOTIC TREATMENT PROGRAM SATELLITE 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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | A letter describing, in detail, the nature of your business |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of policies and procedures relating to the handling of medications and/or legend devices |
| <input type="checkbox"/> | <input type="checkbox"/> | Photographs of: <ul style="list-style-type: none">○ Entrance○ Exit○ Product area |
| <input type="checkbox"/> | <input type="checkbox"/> | Include organizational chart from the ultimate parent company down to and including the applicant. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.



NARCOTIC TREATMENT PROGRAM SATELLITE 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 Satellite: _____

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: _____

Name of Pharmacy Serving Satellite Facility:

Facility Name	Location	Permit No.	PIC

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, 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

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.