



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

NON-RESIDENT MEDICAL GASES/LEGEND DEVICES PERMIT APPLICATION

This permit authorizes a facility to dispense to a patient, or patient's agent, medical gases and legend devices on the order of a licensed practitioner. All information requested on this application is mandatory. 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.

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. In order to avoid delay, please do not provide the items below in a binder, folder or use dividers. Also, provide items in the order as listed below.

South Carolina Non-Resident Medical Gases/Legend Devices Permit Application is good for one (1) year from the date of receipt.

Include with your application:

- Check or money order in the amount of \$420 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.)
- Copy of resident state permit
- Copy of certificate/accreditation
- List of state permits
- List of products
- Letter describing, in detail, the nature of your business
- Photographs (medical gases)
 - Full oxygen tank storage
 - Empty oxygen tank storage
 - Quarantine area
 - No smoking signs
- Photographs (legend device/DME)
 - Storage area
 - Quarantine area

Mailing Address:
South Carolina Board of Pharmacy
P.O. Box 1127
Columbia, SC 29211-1927

Overnight/Physical Address:
South Carolina Board of Pharmacy
110 Centerview Drive, Suite 201
Columbia, SC 29210



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

NON-RESIDENT MEDICAL GASES/LEGEND DEVICES PERMIT APPLICATION

Submit the following with your application to the above address:

- 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	
Permit No.	
Date Paid	
Amount Paid	
Check No.	

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

Facility Name: _____

Trade Name of Facility (d/b/a) to License: _____

Facility Address: _____
Street

_____ City _____ State _____ Zip

Phone No.: _____

Contact Person: _____ Email: _____

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

Mailing Address: _____
Street City State Zip

Check all categories that apply (do not leave blank):

- Durable Medical Equipment Medical Gases Respiratory Equipment Legend Medical Equipment
- Other: _____

Are you currently shipping/providing products to patients in South Carolina? Yes No

OWNERSHIP INFORMATION (Check type of ownership and complete information.)

Sole Proprietorship Name of business entity: _____

Name	City, State	Birth Year

General Partnership LLP Name of Partnership/LLP: _____

Partner Name	% of Ownership	City, State	Birth Year

Corporation LLC Legal Name of Corporation/LLC: _____

State of Incorporation: _____ Name of Parent Company: _____

Name of Individual Owners and Principal Officers	Title	Birth Year	City, State	% of Ownership

DISCIPLINARY HISTORY

If you answer “Yes” to any part of this section, provide a detailed explanation on a separate sheet, and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

TO THE BEST OF YOUR KNOWLEDGE HAS THE APPLICANT to the entity, the undersigned permit holder, any person or entity identified in the ownership/management section above, or any entity under common control with the applicant EVER:

- 1. Had a permit or professional license disciplined, denied, refused or revoked for violations of any federal or state pharmacy laws or drug laws? YES NO
Is there any pending disciplinary action? YES NO

- 2. Been convicted, fined, or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor in South Carolina or any other state, or in a United States court for:
 - a. any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not a sentence was imposed? YES NO
 - b. any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug/device distributor setting or incident to pharmacy practice, whether or not a sentence was imposed? YES NO
 - c. any offense involving fraud, dishonesty or moral turpitude whether or not a sentence was imposed? YES NO

- 3. Had an application for a drug/device distributor permit, pharmacy, or pharmacist license, permit or certificate or a technician license or registration, denied, refused in South Carolina or any other state or country? YES NO

- 4. Had disciplinary action taken against you, or a pharmacy or drug/device distributor facility you owned, or a pharmacy or drug distributor facility where you were employed, by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country? YES NO

- 5. Operated, or allowed the facility to operate without a valid permit? YES NO

- 6. Violated the drug laws, rules, statues and/or regulations of South Carolina, or any other State or Country? YES NO

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.

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; that I will comply with the requirements for non-resident medical gases/legend devices as contained in the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

Signature of responsible person acting as Permit Holder

Print name of responsible person/Permit Holder

Email address of Permit Holder or contact person

Phone Number