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

2025-2026 EMS NON-DISPENSING DRUG OUTLET PERMIT RENEWAL

Renewal Requirements and Instructions

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

- **For profit EMS entities:** Submit this permit renewal directly to the Board by going to: https://eservice.llr.sc.gov/DocumentSubmission/. You will pay the renewal fee through this document submission process via debit/credit card or electronic check.

  Note: If mailing the paper application, submit the renewal fee in the form of a check or money order (no cash) payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds.)

  Non-profit EMS entities should email their completed renewal form to contact.pharmacy@llr.sc.gov before 6/1/2025.

- **Renewal / Late Fees for profit EMS entities:**
  Postmarked before 6/1/2025: **$140**
  Postmarked on or after 6/1/2025: Late Fee $50 + Renewal Fee $140 = **$190**
  Non-profit EMS entities do not have a renewal fee.
- Beginning July 1, 2025, any lapsed permits, including for profit and non-profit entities, will be assessed fees of $10/day until the permit is reinstated.
- Permits not renewed by June 30, 2025, are lapsed and may not operate. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. A permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may be subject to disciplinary action.
- If there has been a change in ownership, legal name change, change in business form, or relocation of the facility, contact the Board before renewing the permit.

FACILITY INFORMATION

Federal Tax ID No.: _____ SC Permit No.: _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address (physical): _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

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

Facility Name: _____

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

Permit Holder Name: _____ Phone: _____

Email: _____

Consultant Pharmacist or Medical Director Name: _____

License type: _____ License No.: _____

ORGANIZATION INFORMATION

Days and Hours of Operation: _____

Type of Organization:

☐ Rescue Squad ☐ Industry ☐ County/City Government ☐ Fire Department ☐ Private Provider

Level of Service (Check all that apply):

☐ Basic Life Support ☐ Intermediate Life Support ☐ Advanced Life Support ☐ Non-Emergency Transport
☐ 911 Response with Transport

1. Has there been a change in ownership, legal name change, change in business form, or relocation of the facility?

   ☐ Yes – Contact the Board of Pharmacy office before completing this application. ☐ No

2. Is this facility compliant with the Drug Supply Chain Security Act (DSCSA)? ☐ Yes ☐ No
   Access information on DSCSA at www.llr.sc.gov/bop.

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, SINCE THE LAST RENEWAL has the applicant, the entity, undersigned permit holder, consultant pharmacist/medical director, any person or entity identified as holding a position in ownership/management, or any entity under common control with the applicant:

1. Had any license or permit held by the applicant, permit holder, consultant pharmacist/medical director, or by any owner or corporate officer, 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

   a. 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? ☐ Yes ☐ No

   a. Is there any legal action pending related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action? ☐ Yes ☐ No

3. Had an application for a drug/device distributor permit; pharmacy; or pharmacist license, physician license, permit, 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 by any professional licensing board in South Carolina or any other state or country against the applicant, permit holder, consultant pharmacist/medical director, or by any owner or corporate officer? ☐ Yes ☐ No

5. Had disciplinary action taken by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country against a pharmacy or drug/device manufacturer facility owned by the applicant, permit holder, consultant pharmacist/medical director, or by any owner or corporate officer or against a pharmacy or drug/device manufacturer facility at which the applicant, permit holder, consultant pharmacist/medical director, or any owner or corporate officer was employed? ☐ Yes ☐ No

6. Operated, or allowed any facility to operate, without a valid permit? ☐ Yes ☐ No

7. Violated the drugs/device laws, rules, statutes, and/or regulations of South Carolina, any other state, the United States, or any other country? ☐ Yes ☐ No

PERMIT HOLDER 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 all federal and state laws related to operations at the above-named facility, and I understand I am responsible for any violation(s) of law occurring during my tenure.

I understand that pursuant to S.C. Code Ann. § 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.

_____ _____

Permit Holder Signature Date

CONSULTANT PHARMACIST/MEDICAL DIRECTOR 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 all federal and state laws related to operations at the above-named facility, and I understand I am responsible for any violation(s) of law occurring during my tenure. I also attest that I will be in full and actual charge of the legend drugs stored facility.

I understand that pursuant to S.C. Code Ann. § 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.

_____ _____

Consultant Pharmacist/Medical Doctor Signature Date

EMS NON-DISPENSING DRUG OUTLET FACILITY SELF-INSPECTION REPORT

Permit Name: _____ Permit No.:_____

Address: _____

City: _____ State: _____ Zip: _____ Phone:_____

S-Satisfactory I-Improvement needed U-Unsatisfactory N/A-Not Applicable

Section	Description	S	I	U	N/A
40-43-83(F)	Permit displayed				
40-43-86(A)(1)	Sufficient space for safe and proper storage				
40-43-86(A)(10)	Storage areas temperature adequate				
40-43-86(A)(10)	Vehicles are climate controlled				
40-43-86(A)(13)	Physical or electronic barrier				
40-43-86(A)(16)(a)	Dry, well ventilated, adequate lighting				
40-43-86(A)(16)(b)	Free from dust, insects, rodents, contamination				
40-43-86(A)(16)(c)	Outdated, damaged, unlabeled drugs removed from active stock				
40-43-86(A)(16)(d)	Refrigerator temperature _____ (36-46 degrees F)				
40-43-86(C)(1)(a)	P&Ps for procurement, storage, compounding and distribution readily available				
40-43-86(C)(1)(b)	Record-keeping system for purchase, sale, possession, storage, safekeeping and return of drugs established				
40-43-86(C)(1)(c)	P&Ps for recalls and removal of outdated and adulterated drugs readily available				
40-43-86(C)(1)(d)	All employees related to procurement, compounding, sale, distribution and storage of drugs properly supervised				
40-43-86(C)(1)(f)	Written monthly inspections performed and readily available				

<u>This self-inspection must be completed by the Medical Director or Consultant Pharmacist.</u>

I certify that the above information is correct and true to the best of my knowledge. Submission of this completed inspection report is to certify that this facility is in compliance with all SC Board of Pharmacy statutes and regulations. Non-compliance will result in possible disciplinary action by the SC Board of Pharmacy.

_____ _____

Signature of Permit Holder Date

_____ _____

Signature of Medical Director or Consultant Pharmacist Phone Number

License Type: ☐ MMD ☐ MDO ☐ RPH

License No.: _____ Date: _____