



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

2026-2027 CONSULTANT PHARMACIST ATTESTATION

FACILITY INFORMATION

Legal Name of Facility: _____ SC Permit No.: _____

DBA Name: _____

Facility Address: _____

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

CONSULTANT PHARMACIST

The South Carolina law requires certain facility permits to name a South Carolina licensed consultant pharmacist to accept responsibility for the operation of the facility and to abide with all applicable laws and regulations related to the procurement, storage, compounding, dispensing, and distribution of drugs.

- For EMS non-dispensing permits, a medical director may be designated as the consultant pharmacist.
- Facilities permitted to supply medical gas or legend devices may designate a medical director, nurse, or respiratory therapist in lieu of a consultant pharmacist to perform these duties.

Name of Consultant Pharmacist (or authorized designee): _____

Phone No.: _____

S.C. License No.: _____

Type of Designee in lieu of Consultant Pharmacist: _____

(Nurse, medical director, respiratory therapist)

ATTESTATION

- I understand that I am responsible for abiding by the statutes and regulations governing my role as the consultant pharmacist. I acknowledge that I am responsible for any violation(s) of law occurring during my tenure.
- Pursuant to S.C. Code Ann. § 40-43-86(C), I hereby certify that the facility for which this permit renewal is sought will be under my supervision as required by federal and South Carolina laws.
- 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 Signature

Date