



2023-2024 PERMIT RENEWAL EMS NON-DISPENSING DRUG OUTLET

Renewal Instructions:

- For profit facilities must 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.
- Non-profit facilities must complete this application and either mail to the Board office or email to contact.pharmacy@llr.sc.gov.

| FOR BOARD USE ONLY | |
|--------------------|--|
| Check No. | |
| Amount Paid | |
| Date Processed | |
| Self-Inspection | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Renewal Requirements:

- If mailing paper application: 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.)
- Renewal / Late Fees:**
Postmarked before 6/1/2023: **\$140**
Postmarked on or after 6/1/2023: Late Fee \$50 + Renewal Fee \$140 = **\$190**
- Beginning July 1, 2023, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Attach copy of most recent self-inspection report.
- Permits not renewed by June 30, 2023, 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 result in 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 result in disciplinary action.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.

Permit Type (Check one only): ☐ Profit/Non-Emergency Transport ☐ Non-Profit (No renewal fee required)

FACILITY INFORMATION

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

Facility Name: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?

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

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

ATTESTATION

I hereby certify that the EMS non-dispensing drug outlet, for which this permit renewal is sought, will be conducted in full compliance with the statutory laws of this State pertaining to pharmacy and that the drug outlet will be under the supervision of a Consultant Pharmacist or Medical Doctor as required by the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that the location for which this permit is issued is subject to inspection by the Board of Pharmacy. I understand that I am responsible for abiding by the statutes and regulations governing my role as the facility's permit holder.

Permit Holder Signature

Date

Print Name of Permit Holder

Title

Permit Holder Email: _____

I hereby certify that as Consultant Pharmacist or Medical Director, I will be responsible for all duties connected with the proper and lawful conduct of this drug outlet, as required by the South Carolina Pharmacy Practice Act.

Consultant Pharmacist/Medical Director Signature

Print Name of Consultant Pharmacist/Medical Director

Consultant Pharmacist/Medical Director Email: _____

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.

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 | | | | |

This self-inspection must be completed by the Medical Director or Consultant Pharmacist.

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

License Type: ☐ MMD ☐ MDO ☐ RPH

License No.: _____ Date: _____