



2023-2024 RENEWAL FEDERALLY-QUALIFIED HEALTH CENTER (“FQHC”) DRUG OUTLET PERMIT

Renewal Instructions:

- 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.

FOR BOARD USE ONLY	
Check No.	
Amount Paid	
Date Processed	
Returned Incomplete	

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.
- 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.

FACILITY INFORMATION

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

Facility Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

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

(If different than above)

Hours of Operation:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Pharmacy providing medications: _____ Permit No.: _____

Permit Holder (Responsible person designated as Permit Holder):

Name: _____ Title: _____

Email: _____ Phone: _____

Consultant Pharmacist:

Name: _____ License No.: _____

Email: _____ Phone: _____

ATTESTATION

I hereby certify that the drug outlet for which this permit renewal is sought will be conducted in full compliance with the statutory laws of South Carolina pertaining to pharmacy and that the drug outlet will be under the supervision of a Consultant Pharmacist if 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.

Permit Holder Signature

Title

Date

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

Consultant Pharmacist Signature

Date

Print Name of Consultant Pharmacist**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.