



2023-2024 RENEWAL MEDICAL GAS/LEGEND DEVICE 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.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.

FACILITY INFORMATION

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

Facility Name: _____

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

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

Facility Dispenses (Check all that apply):

- ☐ Medical Gases ☐ Oxygen **Only** ☐ Legend Device/DME ☐ Respiratory Equipment
☐ Other: _____

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

Since your last renewal, has any license or permit you hold as a medical gas/legend device facility been disciplined?

☐ Yes ☐ No

Permit Holder (Responsible person designated as Permit Holder):

Name: _____ Title: _____

Email: _____ Phone: _____

If the facility only supplies oxygen, then only the permit holder's signature is required.

If the facility only supplies durable medical equipment, the permit holder's signature is required as well as the signature of either the consultant pharmacist or the medical director, respiratory therapist, or registered nurse who is performing the duties of the consultant pharmacist ("Responsible Party").

If the facility's activity does not fall within the above two situations, then the signatures of both the permit holder as well as the consultant pharmacist are required.

ATTESTATION

I certify that I have read and approved the foregoing, and the statements are true and correct; that I will comply with the requirements for non-resident medical gas/legend device permit as contained in the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. 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

Permit Holder Email

I hereby certify that as the Consultant Pharmacist or the Responsible Party for the Consultant Pharmacist's Duties, I will be responsible for all duties connected with the proper and lawful conduct of this facility, as required by federal law and the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder.

Consultant Pharmacist or Responsible Party Signature

Date

Print Name of Consultant Pharmacist or Responsible Party

Consultant Pharmacist or Responsible Party Email

Consultant Pharmacist or Responsible Party License Type and Number

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.