



2023-2024 RENEWAL NON-DISPENSING 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.
- 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: _____

Phone No.: _____ Fax No.: _____

Contact Person: _____ Email: _____

Hours of Operation:

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

Select Facility Type:

- ☐ Public Health Clinic ☐ Private Health Clinic ☐ Infirmary
☐ Correctional Institution ☐ Industrial Health Clinic ☐ Other: _____

Date standard operating policy and procedures last reviewed/revised: _____

Indicate the primary type of service at this location:

- ☐ Data entry for retail ☐ Data entry for hospitals ☐ Data entry for long-term care
☐ Call center ☐ Medication therapy management ☐ Consulting only
☐ Other: _____

Does your facility store or administer controlled substances?

☐ Yes ☐ No

Since your last renewal, has any license, permit, or registration that the facility, permit holder, or consultant pharmacist holds been disciplined?

☐ Yes ☐ No

Does your facility hold licenses and/or permits in any other states? ☐ Yes ☐ No

If Yes, have any of the out-of-state licenses/permits been disciplined since your last renewal? ☐ Yes ☐ No

If Yes, submit copies of disciplinary action any other applicable documentation.

Provide the state and license/permit number of all out-of-state licensure:

State: _____ License/Permit No.: _____ State: _____ License/Permit No.: _____

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State: _____ License/Permit No.: _____ State: _____ License/Permit No.: _____

Permit Holder (Responsible person designated as Permit Holder):

Name: _____ Title: _____

Email: _____ Phone: _____

Consultant Pharmacist (if applicable):

Name: _____ License No.: _____

Email: _____ Phone: _____

ATTESTATION

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 federal law and the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder.

Consultant Pharmacist Signature

Title

Date

I hereby certify that the facility for which this permit renewal is sought will be conducted in full compliance with the statutory laws of South Carolina pertaining to its pharmaceutical operations and that the facility will be under the supervision of a Consultant Pharmacist 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

Title

Date

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.