



2023-2024 PHARMACY PERMIT RENEWAL

Renewal Instructions/Requirements:

- 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.

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

FACILITY INFORMATION

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

SC DHEC Controlled Substances Registration No. (if applicable): _____

DEA Registration No. (if applicable): _____ Expiration Date: _____

Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County in which facility is located: _____

Hours of Operation (ex. 9AM–9PM):

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

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

1. Does your pharmacy hold a pharmacy permit in any other state(s)? ☐ Yes ☐ No
If Yes, attach a list of states and license numbers.
2. Have any out-of-state permits been disciplined? ☐ Yes ☐ No
If Yes, attach copies of the disciplinary action.
3. Does your pharmacy do compounding? ☐ Yes ☐ No
4. Does your pharmacy do sterile compounding? ☐ Yes ☐ No
If Yes, do you ship sterile compounds out of state? ☐ Yes ☐ No
5. Does your pharmacy compound hazardous medication? ☐ Yes ☐ No
6. Does your pharmacy provide Medication Therapy Management services? ☐ Yes ☐ No
7. Does your pharmacy sell over-the-counter pseudoephedrine? ☐ Yes ☐ No

Permit Holder Name and Title: _____

Phone Number: _____ Work email: _____

Name of Pharmacist-in-Charge: _____

PIC License Number: _____ Work email: _____

ATTESTATION

I hereby certify that as the Pharmacist-in-Charge, I will be responsible for the operation of this pharmacy in conformance with all laws pertinent to the practice of pharmacy and distribution of drugs and will be in full and actual charge of the pharmacy and personnel.

Pharmacist-In-Charge Signature

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.