



South Carolina Board of Pharmacy

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llr.sc.gov/bop

2026-2027 EMS NON-DISPENSING DRUG OUTLET PERMIT RENEWAL

Before you renew:

- South Carolina law requires permit holders to notify the Board within ten (10) working days if there has been a change in ownership, legal name change, change in business form, management, consultant pharmacist or relocation of the facility. DO NOT RENEW if any of these changes have occurred. You must contact the Board before renewing the permit. See S.C. Code § 40-43-91(B)(2).
Ensure that inspections have been submitted to the Board.
If renewing as a nonprofit entity, submit proof of nonprofit status by emailing your IRS Determination Letter to contact.Pharmacy@llr.sc.gov.

Table with 2 columns and 3 rows: FOR BOARD USE ONLY, Date Paid, Check No., Amount Paid

Renewal Requirements and Instructions:

- For profit EMS entities: Mail completed paper application and 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.)

Non-profit EMS entities should submit their completed renewal form on or before May 31, 2026.

Non-profit EMS entities are not assessed a renewal fee.

- Renewal / Late Fees for profit EMS entities:

Permit renewals postmarked on or before May 31, 2026: \$140

Permit renewals postmarked on or after June 1, 2026: Late Fee \$50 + Renewal Fee \$140 = \$190

- Permits not renewed by June 30, 2026, are lapsed. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. Additionally, 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 also be subject to disciplinary action.

Beginning July 1, 2026, lapsed permits will be assessed fees of \$10/day until the permit is reinstated, pursuant to S.C. Code Ann. § 40-43-90(D).

FACILITY INFORMATION

Federal Tax ID No.: SC Permit No.:

Legal Name of Facility:

DBA Name:

Facility Address (physical):

City: State: Zip Code:

Email: Phone:

Mailing address where all correspondence regarding permitting will be sent if other than facility above

Facility Name:

Mailing Address: City: State: Zip:

Permit Holder Name:

Email: Phone:

Consultant Pharmacist or Medical Director Name: _____

Email: _____ Phone: _____

License type: _____ License No.: _____

ORGANIZATION INFORMATION

Days and Hours of Operation: _____

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

1. Is this application seeking permit renewal status as a nonprofit entity? Yes No

2. Has there been a change in ownership, legal name change, change in business form, or relocation of the facility?
 Yes – Contact the Board of Pharmacy office before completing this application. No

DISCIPLINARY HISTORY

For any “Yes” answers below, please provide and submit a detailed explanation for each person or entity to whom a Yes answer applies. Official documentation of judgment(s) or disposition(s) must also be provided by the applicable person and/or the entity’s authorized agent, as well as the city and state where the offense(s) or discipline occurred.

To the best of your knowledge, SINCE THE LAST RENEWAL, (or if this is your first renewal since your initial licensure), has the applicant, the entity, undersigned permit holder, consultant pharmacist or acting medical director, any person or entity identified as holding a position in ownership/management, or any entity under common control with the applicant:

- 1. Had a professional license or permit disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations, revoked? Yes No
 - a. Have any pending disciplinary action? Yes No
- 2. Been convicted, fined, or entered in a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)? Yes No
 - a. Have any legal action pending related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action? Yes No
- 3. Operated, or allowed any facility to operate, without a valid permit? Yes No

PERMIT HOLDER ATTESTATION

- I hereby affirm that I have read and approved the forgoing renewal application. I affirm that all information and statements contained herein are true and accurate to the best of my knowledge and belief.
- Should additional explanation and/or documentation be required, I accept responsibility to ensure additional explanation and documentation will be provided, if necessary. I further understand that this application will not be processed until all documentation is received.
- I will comply with all federal and state laws related to operations at the above-named facility, and acknowledge responsibility for any violation(s) of law.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

Permit Holder Signature

Date

CONSULTANT PHARMACIST/MEDICAL DIRECTOR ATTESTATION

- I hereby affirm that I have read and approved the foregoing renewal application. I affirm that all information and statements contained herein are true and accurate, to the best of my knowledge and belief.
- I attest that I will be in full and actual charge of the legend drugs stored within the facility.
- I understand that I am responsible for abiding by the statutes and regulations governing my role as the consultant pharmacist. I acknowledge that I am responsible for any violation(s) of law occurring during my tenure.
- I hereby certify that the facility for which this permit renewal is sought will be operated in full compliance with all applicable federal and South Carolina laws.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

Consultant Pharmacist/Medical Director Signature

Date

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

Phone Number

License Type: MMD MDO RPH

License No.: _____ Date: _____