

SOUTH DAKOTA STATE BOARD OF PHARMACY

3701 W. 49th Street, Suite 204

Sioux Falls, SD 57106

605-362-2737

www.pharmacy.sd.gov

LICENSURE OF WHOLESALE DRUG DISTRIBUTORS

Current South Dakota wholesale drug distributor statutes and rules are located at the following links: [SDCL 36-11A](#) and [ARSD 20:67](#)

All South Dakota Wholesale Drug Distributor licenses expire on December 31. The renewal period begins approximately 60 days prior to expiration. Please allow ten working days for processing. The application process will be delayed when incomplete or illegible information is provided.

Changes to information provided on the application must be made within 60 days of change. Please return your license if a new permit is desired. Changes in officers or directors can be provided upon renewal.

The following is required for licensure:

- Completed application form and fee of \$200.00.
- A copy of the home state license issued by the Board of Pharmacy or regulatory department.
- A copy of the most recent inspection report. If none is provided, please include an explanation.
- **Controlled Substance Registration** – If your firm distributes controlled substances into the state of South Dakota, it is required to be registered with the South Dakota Department of Health. Please complete the Controlled Substances Registration form, and return it to the South Dakota Department of Health, 615 East 4th Street, Pierre, SD 57501; phone 605-773-3356. Download application from <http://doh.sd.gov/PDF/applab.pdf>
- **Due Process** – Out-of-state drug wholesaler distributors shall designate a resident agent in South Dakota for service of process (ARSD 20:67:07:01). Information regarding South Dakota registered agents is located at <http://sdsos.gov/business/CommercialRegisteredAgents.aspx>

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4. VAWD Registration. Is this business registered as a Verified Accredited Wholesale Drug Distributor (VAWD) with the National Association of Boards of Pharmacy? ___Yes ___No

If yes, provide the VAWD registration number: _____

5. Home State

Provide the following information for the state in which the facility is located. If any information is not applicable, please indicate NA

State: _____ License Number: _____ Expiration Date: _____

DEA Number: _____ SD Controlled License No: _____ FDA Number : _____
(Manufacturers Only)

South Dakota Controlled Substance Registration: Please contact the South Dakota Dept of Health, Licensure & Certification, 615 East 4th Street Pierre, SD 57501 for information regarding South Dakota controlled substance registration. Phone 605-773-3356 or download application from <http://doh.sd.gov/PDF/applab.pdf>

If Home State is not South Dakota:

- Attach a copy of: 1) the Home State Board of Pharmacy or Department license
2) the most recent Home State inspection report for this facility. Explain if not available.

List all other states where licensed for wholesale drug distribution. If none, indicate such.

6. Type of Ownership or Operation Sole Proprietorship Partnership Corporation Other _____

Trade or DBA Names: _____

7. South Dakota Registered Agent: _____

Contact information for registered agents is located at <http://www.sdsos.gov/businesservices/corporations.shtm>

8. Owner/Operator of the Facility 1) If a person: the name and address of the person; 2) if a partnership: the name of each partner and the name and address of the partnership; 3) if a corporation: the name and title of each corporate officer and director, the corporate names, name and address of the parent company, if any, and the State of incorporation; 4) if a sole proprietorship: the name of the sole proprietor and the name and address of the business entity. Attach additional sheets if necessary.

9. DISCIPLINARY ACTIONS – Have any disciplinary actions (including pending) been taken against the applicant?
Yes ___ No ___ If yes, please list and explain on attached sheet.

10. Certification

I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the board. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Typed Name of Owner or Corporate Officer

Typed Title of Owner or Corporate Officer

Signature of Owner or Corporate Officer

Date

APPLICATION MUST BE ACCOMPANIED BY FEE OF \$200.00

Mail to: South Dakota Board of Pharmacy, 3701 West 49th Street, Suite 204, Sioux Falls, SD 57106