



SOUTH DAKOTA BOARD OF PHARMACY

4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106

p - 605.362.2737 f - 605.362.2738 www.pharmacy.sd.gov

NON-RESIDENT PHARMACY INFORMATION SHEET

UPDATE YOUR RECORDS

New Executive Director – Kari Shanard-Koenders

New Address – South Dakota Board of Pharmacy, 4001 W. Valhalla Blvd, Suite 106, Sioux Falls, SD 57106

HOW TO NOTIFY THE BOARD REGARDING CHANGES

All communications sent to the SD Board should include the following

Pharmacy's legal name,
DBA name,
Full address
SD license #

SD Board requires written notification for the following Non-Resident Pharmacy changes.

- **Pharmacy PIC Change**
 - complete appropriate section(s) on back of Non-Resident Pharmacy license and mail to Board. (No notification is required with proper completion on back of license)
- **Pharmacy In-State Location Change**
 - complete Non-Resident Pharmacy Notification Form (PDF on website) and mail to the Board with
 - a copy of home state license for the new location,
 - a copy of inspection for the new location (if no inspection being done provide an explanation), and
 - the current SD license (if an updated license is desired); retain a copy of license before sending original
 - locating to a new state requires a new application, fee and all required enclosures
- **Pharmacy Name Change**
 - complete Non-Resident Pharmacy Notification Form (PDF on website) and mail to the Board with
 - a copy of home state license with name change,
 - the current SD license (if an updated license is desired); retain a copy of license before sending original
- **Pharmacy Closure**
 - complete Non-Resident Pharmacy Notification Form (PDF on website) and mail to the Board with
 - current SD license
- **Pharmacy Ownership Change** – complete a new application with all required enclosures if $\geq 50\%$ CHOW at parent level or below, or contact Board Office with questions.
- **Officer / Director / Board Member Changes**
 - Submit or report at time of renewal only

SD Board does not need to be notified of

- store hour changes
- staff pharmacist or technician changes



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NON-RESIDENT PHARMACY NOTIFICATION FORM

CHANGE TO LICENSE # 400 - _____

NAME CHANGE

CURRENT - LEGAL NAME

NEW - LEGAL NAME

CURRENT - DBA NAME

NEW - DBA NAME

- Send completed notification form and
- copy of home state license with new name,
- current SD license (if an updated license is desired); make a copy of current license before mailing to Board

LOCATION CHANGE

CURRENT - ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #

CURRENT - ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #

- Send completed notification form and
- copy of home state license for new location,
- copy of inspection of new location, if no inspection provide an explanation why, and
- current SD license (if an updated license is desired); retain a copy of license before mailing original

CLOSURE

LEGAL NAME

DATE OF CLOSURE

ADDRESS

CITY

STATE

ZIP

- Send completed notification form and
- original SD license to Board

- ✓ For **PIC changes** complete the appropriate section(s) on back of Non-Resident Pharmacy license and mail to Board
- ✓ For **ownership changes** complete a new application with all required enclosures if $\geq 50\%$ CHOW at parent level or below, or contact Board Office with questions.
- ✓ Report **changes in officers, directors, and board members** at license renewal time only.

SIGNATURE OF REPRESENTATIVE

PRINTED NAME OF REPRESENTATIVE

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #



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NON-RESIDENT PHARMACY APPLICATION INSTRUCTIONS

Incomplete applications will be returned not held by the Board Office for missing documents

- License renewal period (May 1 – June 30)
- Use the newest application form (www.pharmacy.sd.gov); old forms will not be accepted
- Form can be completed online and printed for signature
- Submit check / money order with application and all required documents; items received separately will be returned
- License will be mailed to party via US Postal Service only
- Allow 10 working days for application processing
- For current South Dakota Non-Resident Pharmacy statutes and rules go to www.pharmacy.sd.gov

APPLICATION CHECKLIST - The following is required for licensure

- Completed, signed SD Non-Resident Pharmacy application
- \$200.00 check or money order made payable to South Dakota Board of Pharmacy
- Copy of the (license/permit/registration certificate) issued by the home state regulatory authority OR a letter from that authority certifying the pharmacy's compliance with all home state laws governing pharmacies and controlled substances
- Copy of the most recent inspection report conducted within the last 4 years by the home state regulatory authority. If an inspection is not available, provide a written explanation as to why
- Documentation of corrections of all inspection report non-compliance noted by any regulatory agency having authority over the pharmacy
- Completed, signed, and notarized Supplemental Affidavit (if applicable)
- Typewritten description of the type of pharmacy practice (retail, hospital, compounding sterile or non-sterile, etc.) and descriptions of the prescription drugs and services provided to South Dakota patients, including controlled substance dispensing
- Copy of the DEA license (if dispensing controlled substances)
- Completion of the Prescription Drug Monitoring Program question on application. If requesting a waiver, complete reason section on question #6
- Include attachments for any application questions you answered as **(See Attached)**
- If CHOW, provide diagram / listing of previous ownership structure and new ownership structure



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NON-RESIDENT PHARMACY License Application

1 FEE \$200.00 (check payable to South Dakota Board of Pharmacy; mail check with application)

2 LICENSE New License Renewal Change of Ownership **Current SD License # 400-**_____

3 PHARMACY INFORMATION

LEGAL NAME OF BUSINESS (must be the same as DEA title) _____

DBA NAME also will appear on SD Non Resident license _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____

CURRENT DEA LICENSE # _____ DEA LICENSE EXPIRE DATE _____ TYPE OF PHARMACY _____

4 CORRESPONDENT INFORMATION (where all correspondence and license will be sent if other than licensed business above)

CONTACT NAME _____ TITLE _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____

5 OWNERSHIP (TYPE OF OWNERSHIP)

Individual Partnership Corporation LLC Other _____

LIST - Names, titles, and addresses of all *principal owners, partners, and officers* of the pharmacy (*attach additional sheets if necessary*)

FOR SD BOP USE ONLY

Received _____ Check # _____ Amount _____

Inspection _____ Approved _____ Issued _____

PDMP Approved Denied No Waiver Designee Signature _____ Action Date _____

(Revised 3.1.2016)

6 EMPLOYEES (Use additional sheets if necessary)

PHARMACIST- IN- CHARGE NAME	RPh LICENSE #	AVE HRS WORKED/WK	
ADDRESS	CITY	STATE	ZIP
PIC WORK EMAIL	PHONE #	FAX #	

Staff Pharmacists

Name	License No.	Average Hrs. Worked/Week

Registered Technicians and Pharmacist Interns currently working at this location

Name	Registration No.	Average Hrs Worked/Week

6 PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

This pharmacy reports to the PDMP as required by ARSD 20:51:32 Yes If No (Complete Waiver Request Below)

REQUEST FOR WAIVER / EXEMPTION FROM PDMP REPORTING (Check all that apply)

- Dispenser is a medical facility that dispenses an interim quantity of substance on an outpatient emergency basis; the quantity may not exceed a 48 hour supply.
- Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the State of South Dakota.
Explain _____
- Other _____

7 ATTACH THE FOLLOWING

- a. Supplement Affidavit must be submitted when pharmacist-in-charge applicant is not the sole owner of the non-resident pharmacy.
- b. Copy of current license, permit, or registration certificate issued by the regulatory authority of the home state or territory (*home state*) OR letter from such authority certifying the pharmacy’s compliance with pharmacy and controlled substance laws of the home state.
- c. Most recent inspection report resulting from an inspection conducted by the home state regulatory authority.
- d. Evidence of correction of any noncompliance noted on inspection reports of the home state regulatory authority and all other regulatory agencies having authority over the pharmacy.
- e. A complete typewritten description of the type of pharmacy practice, i.e. retail, hospital, compounding, central fill, central processing, etc., including a description of the prescription drugs and services provided to patients in South Dakota.

8 Affidavit affirming Pharmacist-in-Charge understands South Dakota Pharmacy Laws and Rules and intends to abide by them.

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, and that the provisions of law and Board of Pharmacy Rules and Regulations relative to conducting a non-resident pharmacy in the home state will be faithfully observed during the period for which a license to conduct pharmacy business in the state of South Dakota shall be issued.

Signature of Pharmacist-in-Charge Applicant

Date

Title

Subscribed and sworn to before me this _____ day of _____, _____

(SEAL)

Notary Public

