

# **SOUTH DAKOTA BOARD OF PHARMACY**

**South Dakota (In-State) Pharmacy**

## **User Guide and Initial Application Instructions**

**Valid through 4/30/2024**



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## General Information

1. License fee: \$200 for a Full Time Pharmacy; \$160 for a Part Time Pharmacy.
  - a. Part-time pharmacy license includes providing pharmaceutical services by a registered pharmacist under a pharmacy license issued by the South Dakota Board of Pharmacy on less than full-time operation basis, in hospitals, nursing facilities, and related facilities and where such pharmaceutical services are limited to inpatients.
  - b. Full-time pharmacy license includes providing pharmaceutical services by a registered pharmacist under a pharmacy license issued by the South Dakota Board of Pharmacy on a full-time operation basis including retail pharmacy, independent pharmacy, long term care, central processor, mail order, compounding (sterile/nonsterile), and telepharmacy where pharmaceutical services are provided to out-patients.
  - c. If uncertain if your business will be a full time or part time pharmacy, please contact our office with a description of service before filing the application to ensure proper license type is completed.
2. **All fees are nonrefundable and nontransferable.**
3. Payment methods: **MasterCard, Visa, or American Express ONLY.**
  - a. A gift card for any one of these vendors may be used to complete the payment process.
4. All licenses expire June 30. There is no grace period.
5. For current statutes and rules, go to <https://doh.sd.gov/news-statutes/statutes-rules/licensing-boards-statutes-rules/> , scroll down to SD Board of Pharmacy, then select the statute or administrative rule section needed.
6. Username and password must be unique for each license. Please keep track of each username and password.

### Application must be completed in one sitting.

1. Information entered is not captured until application is submitted and payment process is completed.

### List of Required Documents for Upload in Application (in order of upload)

#### Check dates – do not upload expired documents.

1. **List of all the states** pharmacy is licensed in.
2. **DEA certificate**, if shipping controlled substances.
3. **Form-Notarized Affidavit Pharmacist-in-Charge.**
  - a. Link to page where form is located: <https://doh.sd.gov/licensing-and-records/boards/pharmacy/licensing-requirements/pharmacies/>
4. **List of pharmacy owners:** owners, partners, officers, and/or member names and titles.
5. **Form – Notarized Supplement to Application.**
  - a. Link to page where form is located: <https://doh.sd.gov/licensing-and-records/boards/pharmacy/licensing-requirements/pharmacies/>
6. **List of employees:** staff pharmacists, technicians, and interns names and titles.
7. **Power of Attorney (POA)** document granting signing authority to individual who executed/signed any form above.
  - a. POA should be uploaded with corresponding form.
8. **Court documents**, if “yes” response to regulatory question(s).

### After application submission.

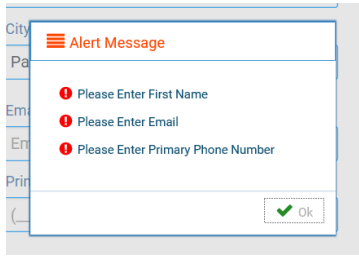
1. Board reviews application, emails submitter if clarification is needed, and approves/denies application.
2. Once approved, a no-reply automated email is sent to submitter.

### After License has been issued:

1. How to set up you profile/online account: page
2. Licensure status can also be reviewed at primary verification page: [https://sdbop.igovsolution.net/online/Lookups/LookUp\\_Business.aspx](https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx)
3. Print pharmacy license: page 20. Item 2
4. Print payment receipt: page 21, item 7.
5. Reset a password: page 22.

# General Notes

1. Mandatory fields are marked with a red \* in all screens and all those need to be entered before clicking on next.
2. If mandatory fields are not entered, an alert message, like below, will alert you to enter missing fields:



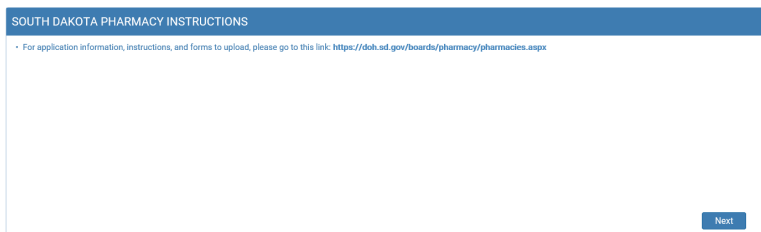
## Initial Application Begins Here

### 1. Link to begin initial application.

- a. Click on this link: <https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=62>

### 2. South Dakota Pharmacy Instructions page.

- a. You will be directed to the instructions page with a link for instructions and forms, if needed.
- b. Click next to continue.



### 3. License information page.

#### a. License Classification Section.

- i. Select Full Time or Part Time pharmacy by clicking box in front of one of the items.
- ii. Legal Name of Business (Must be the same as name on DEA certificate, if applicable): Input name of business.
- iii. DBA name, if applicable: Input dba name if one is being used.
- iv. Address 1: Input address of business.
- v. Address 2/3: Input additional address information if needed.
- vi. Zip Code: Input zip code.
- vii. City: Input city if it does not auto populate.
- viii. State: Input state if it does not auto populate.
- ix. County: Input county if it does not auto populate.
- x. Phone Number: Input business phone number.
- xi. Fax Number: Input business fax number.
- xii. Pharmacy Email: Input pharmacy email address.

b. **DEA# section.**

- i. DEA#: Fill in DEA number, if available.
- ii. Proposed Opening Date: Input date of anticipated opening date in MM/DD/YYYY format.
- iii. Copy of current DEA certificate: If DEA certificate is available, click on Attach Document and upload copy of DEA certificate.
- iv. If DEA # Pending: Check box if DEA number is pending.

The screenshot shows the 'DEA #' section of the application form. It features a blue header bar with the text 'DEA #'. Below this, there are two input fields: 'DEA #' and 'Proposed Opening Date' (with a placeholder 'MM/DD/YYYY'). A label 'Copy of current DEA certificate' is positioned above an 'Attach Document' button. At the bottom, there is a checkbox labeled 'DEA # Pending'.

c. **Type of Practice section.**

- i. Type of practice – check all that apply: Click box in front of each item that identifies the type of practice(s) for this pharmacy.

The screenshot shows the 'Type of Practice' section of the application form. It has a blue header bar with the text 'Type of Practice'. Below the header, the instruction reads '\* Type of Practice – Check all that apply'. There are ten checkboxes arranged in two rows: Retail, Independent, Hospital, Telepharmacy, Sterile Compounding in the first row; and Non-Sterile Compounding, LTC, Uses Central Fill, Central Processor, Other in the second row.

- ii. If other is selected, input an explanation in the required response box.

This screenshot is similar to the previous one, but the 'Other' checkbox is checked and highlighted with a red box. Below the checkboxes, there is a text input field labeled 'Explanation' with a placeholder 'Explanation', also highlighted with a red box.

d. **Other States Licensed In section.**

- i. Other states licensed in: Click on Attach Document to upload a document listing all other intended states to be licensed in.
- ii. No Other States: Click box if this pharmacy is not licensed in any other state.

The screenshot shows the 'Other States Licensed In' section of the application form. It has a blue header bar with the text 'Other States Licensed In'. Below the header, the label 'Other states licensed in' is followed by an 'Attach Document' button. At the bottom, there is a checkbox labeled 'No Other States'.

e. **Pharmacist-in-charge section.**

- i. Pharmacist-in-Charge South Dakota License Number: Input the pharmacist-in-charge’s South Dakota license number.
  - 1. If the pharmacist has a reciprocating pharmacist license number that starts with an ‘R’, input R, then a dash, then the license number (R-XXXX).
- ii. Pharmacist-in-Charge Name: Pharmacist-in-charge’s name should auto populate.
- iii. Average Hours Worked/Week: Input pharmacist-in-charge’s average hours worked per week.
- iv. Pharmacist-in-Charge Email: Input pharmacist-in-charge’s email address.
- v. Pharmacist-in-Charge Phone Number: Input the pharmacist-in-charge’s phone number.
- vi. Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules: Click on Attach Document to upload completed notarized affidavit.

The screenshot shows a form titled "Pharmacist-in-Charge" with several input fields: "Pharmacist-in-Charge South Dakota License Number", "Pharmacist-in-Charge Name", "Average Hours Worked/Week", "Pharmacist-in-Charge Email", and "Pharmacist-in-Charge Phone Number". Below these fields is a checkbox for "Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules." and an "Attach Document" button.

f. **License Application Preparer Information section.**

- i. “Is Pharmacist-in-Charge filling out this application?”: Click yes or no box.
  - 1. If yes is selected, click Next to continue.
- ii. If no is selected, complete the following information:
  - 1. Preparer Name: Input preparer’s name.
  - 2. Preparer Title: Input preparer’s title.
  - 3. Company Name: Input preparer’s company name.
  - 4. Address 1: Input preparer’s address.
  - 5. Address 2/Address 3: Input additional address information, if needed.
  - 6. Zip: Input preparer’s zip code.
  - 7. City: If city does not auto-populate, input preparer’s city.
  - 8. State: If state does not auto-populate, input preparer’s state.
  - 9. County: If county does not auto-populate, input preparer’s county.
    - a. If county is outside of South Dakota, select Outside SD.
  - 10. Preparer Email: Input preparer’s email.
  - 11. Preparer Phone Number: Input preparer’s phone number.
  - 12. Preparer Fax Number: Input preparer’s fax number, if available.

The screenshot shows a form titled "Licensure Application Preparer Information" with a question "Is Pharmacist-in-Charge filling out this application?" and radio buttons for "Yes" and "No" (selected). Below are input fields for: "Preparer Name", "Preparer Title", "Company Name", "Address1", "Address2", "Address3", "Zip", "City", "State" (dropdown), "County" (dropdown), "Preparer Email", "Preparer Phone Number", and "Preparer Fax Number". There are "Previous" and "Next" buttons at the bottom.

g. Click next when complete.

4. **Ownership page.**

- a. Type of Ownership: Click box in front of Sole Proprietorship/Single-Member LLC, Partnership, Corporation, LLC or Other.

The screenshot shows a web form titled "OWNERSHIP". Under the heading "\* Type of Ownership", there are five radio button options: "Sole Proprietorship/Single-Member LLC", "Partnership", "Corporation", "LLC", and "Other". The "Sole Proprietorship/Single-Member LLC" option is currently selected. At the bottom left of the form is a "Previous" button, and at the bottom right is a "Next" button.

b. If **Sole Proprietorship/Single-Member LLC** is selected:

- i. Name: Input name of sole proprietorship/single-member LLC.
- ii. Address 1: Input address of sole proprietorship/single-member LLC.
- iii. Address 2/3: Input additional address information, if needed.
- iv. Zip: Input zip code of sole proprietorship/single-member LLC.
- v. City: Input city of sole proprietorship/single-member LLC if it does not auto populate.
- vi. State: Input state of sole proprietorship/single-member LLC if it does not auto populate.
- vii. County: Input county of sole proprietorship/single-member LLC if it does not auto populate.
  - 1. If county is outside of South Dakota, select Outside SD.
- viii. Phone number: Input phone number of sole proprietorship/single-member LLC.
- ix. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
  - 1. If answered yes: Click next to continue.
  - 2. If answered no: Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized affidavit.
- x. Once completed: Click next to continue.

This screenshot shows the "OWNERSHIP" form with the "Sole Proprietorship/Single-Member LLC" option selected. The form contains several input fields: "Name", "Address1", "Address2", "Address3", "Zip", "City", "State" (a dropdown menu), and "County" (a dropdown menu). Below these fields is a checkbox question: "Is pharmacist-in-charge 100% owner of the nonresident pharmacy?" with "Yes" and "No" options; the "No" option is checked. At the bottom of the form, there is a link for "Notarized Supplement to Application Affidavit" and an "Attach Document" button. "Previous" and "Next" navigation buttons are also present.

c. If **Partnership** is selected:

The screenshot shows a form titled "OWNERSHIP". Under "Type of Ownership", "Partnership" is selected with a green checkmark. Below this, there are two sections: "Name and Address of Partnership" with a "Click Here" button, and "Partner/member/officer information" and "Notarized Supplement to Application Affidavit", each with an "Attach Document" button. At the bottom, there are "Previous" and "Next" buttons.

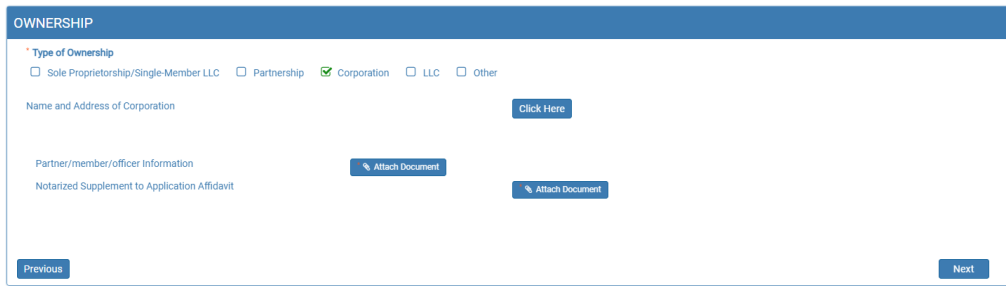
- i. Name and Address of Partnership: Click on Click Here. You will get a pop-up box.
  1. Name of Partnership: Input name of partnership.
  2. Address 1: Input address of partnership.
  3. Address 2/3: Input additional address information of partnership, if needed.
  4. Zip: Input zip code of partnership.
  5. City: Input city of partnership if it does not auto populate.
  6. State: Input state of partnership if it does not auto populate.
  7. Phone Number: Input phone number of partnership.
  8. Click Save.

The screenshot shows a pop-up window titled "Add more for partnership". It contains several input fields: "Name of Partnership", "Address1", "Address2", "Address3", "Zip", "City", "State" (a dropdown menu), and "Phone Number" (a field with a format guide "( ) - -"). There are "Save" and "Cancel" buttons at the bottom.

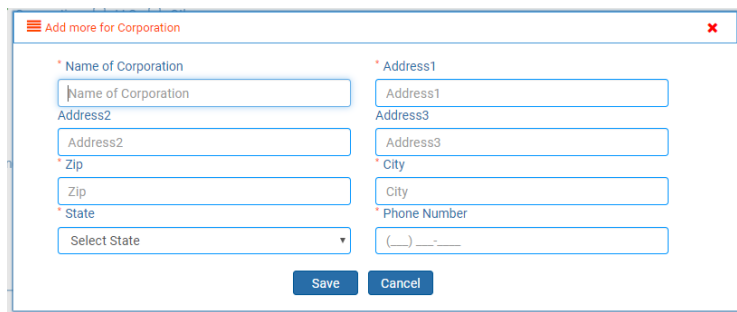
- ii. Partner/member/officer information: Click on Attach Document to upload document that has the partner names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.



d. If **Corporation** is selected:



- i. Name and Address of Corporation: Click on Click Here to Add Corporation. You will get a pop-up box.
  1. Name of Corporation: Input name of corporation.
  2. Address 1: Input address of corporation.
  3. Address 2/3: Input additional address information of corporation, if needed.
  4. Zip: Input zip code of corporation.
  5. City: Input city of corporation if it does not auto populate.
  6. State: Input state of corporation if it does not auto populate.
  7. Phone Number: Input phone number of corporation.
  8. Click Save.



- ii. Partner/member/officer information: Click on Attach Document to upload document that has the officer names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

e. If LLC is selected:

OWNERSHIP

Type of Ownership

Sole Proprietorship/Single-Member LLC  Partnership  Corporation  LLC  Other

Name and Address of LLC [Click Here](#)

Partner/member/officer Information [Attach Document](#)

Notarized Supplement to Application Affidavit [Attach Document](#)

[Previous](#) [Next](#)

- i. Name and address of LLC: Click on Click Here. You will get a pop-up box.
  1. Name of LLC: Input name of LLC.
  2. Address 1: Input address of LLC.
  3. Address 2/3: Input additional address information of LLC, if needed.
  4. Zip: Input zip code of LLC.
  5. City: Input city of LLC if it does not auto populate.
  6. State: Input state of LLC if it does not auto populate.
  7. Phone Number: Input phone number of LLC.
  8. Click Save.

Add more for LLC

Name Of LLC

Name Of LLC

Address1

Address2

Address3

Zip

City

State

Select State

Phone Number

( ) - -

[Save](#) [Cancel](#)

- ii. Partner/member/officer information: Click on Attach Document to upload document that has the member names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

f. If **Other** is selected:

The screenshot shows a web form titled "OWNERSHIP". At the top, there are radio buttons for "Type of Ownership": Sole Proprietorship/Single-Member LLC, Partnership, Corporation, LLC, and Other (which is selected). Below this, there are several input fields: "Name of Entity" (text), "Address1" (text), "Address2" (text), "Address3" (text), "Zip" (text), "City" (text), "State" (dropdown menu), "County" (dropdown menu), and "Phone Number" (text). There is also a "State Type of Entity" dropdown menu. At the bottom, there are two "Attach Document" buttons, one for "Partner/member/officer information" and one for "Notarized Supplement to Application Affidavit". Navigation buttons "Previous" and "Next" are also present.

- i. Name of Entity: Input name of entity.
- ii. Address 1: Input address of entity.
- iii. Address 2/3: Input additional address information of entity, if needed.
- iv. Zip: Input zip code of entity.
- v. City: Input city of entity if it does not auto populate.
- vi. State: Input state of entity if it does not auto populate.
- vii. County: Input county of entity if it does not auto populate.
- viii. Phone Number: Input phone number of entity.
- ix. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- x. Once completed: Click next to continue.

## 5. Employees page.

- a. There will be options to manually input each employee **OR** to upload a full listing of pharmacist, technicians, and interns currently working at this location.
- b. To upload a full listing of pharmacists, technicians, and intern currently working at this location:
  - i. Check the correct boxes for type of employees at the pharmacy. If there are none, check box in front of none.
  - ii. Full Listing of Pharmacist, Technicians, and Interns: Click on Attach Document to upload document that lists all employees.
- c. To do manual input of each type of employee:
  - i. Staff Pharmacists: Click box in front of staff pharmacists if there are pharmacists working at this location. If there are no staff pharmacists working at this location, click box in front of none.
    1. If a manual input is desired for pharmacists: Click on Click here to Add More for Staff Pharmacists.
    2. Staff Pharmacist Home State License Number: Input the pharmacist's license number.
      - a. If the pharmacist is a reciprocating pharmacist license number that starts with an 'R', input R then a dash, then the license number (R-XXXX).
    3. Staff Pharmacist Name: This field will auto populate.
    4. Staff Pharmacist Average Hours Worked/Week: Input average number of hours worked per week.
    5. Click Save.
    6. If there are additional staff pharmacists, repeat this process to enter additional pharmacists.

- ii. Registered Technicians currently working at this location: Click box in front of registered technicians currently working at this location if there are technicians working at this location. If there are no technicians working at this location, click box in front of none.
  1. If a manual input is desired for technicians: Click on Click here to Add More for Registered Technicians.
  2. Registered Technician Registration Number: Input the technician’s license number.
  3. Registered Technician Name: This field will auto populate.
  4. Registered Technician Average Hours Worked/Week: Input average number of hours worked per week.
  5. Click Save.
  6. If there additional technicians, repeat this process to enter the additional technicians.

- iii. Pharmacist interns currently working at this location: Click box in front of pharmacist interns currently working at this location if there are interns working at this location. If there are no interns working at this location, click box in front of none.
  1. If a manual input is desired for interns: Click on Click here to Add More for Pharmacist Intern.
  2. Pharmacist Intern Registration Number: Input the intern’s license number.
  3. Pharmacist Intern Name: This field will auto populate.
  4. Pharmacist Intern Average Hours Worked/Week: Input average number of hours worked per week.
  5. Click Save.
  6. If there are additional pharmacist interns, repeat this process to enter the additional pharmacist interns.

d. When complete, click next.

## 6. Prescription Drug Monitoring Program (PDMP) page.

- a. Read and understand the information in the first paragraph and each statement that follows.
  - i. Select one of the options by clicking box in front of the statement.

- b. If this location will be reporting to the PDMP and the first box was chosen:
- i. Days of Operation: Please mark all days that the pharmacy is open.
1. **Note: This is only being used for PDMP reporting compliance purposes.**

**PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)**

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

\* Days of Operation: Please mark all days that the pharmacy is open.  
 \*\*This is only being used for PDMP reporting compliance purposes.

Monday  Tuesday  Wednesday  Thursday  Friday

Saturday  Sunday

This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.

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- c. If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen:
- i. Choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP by checking the box in front of the statement(s) that apply.

**PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)**

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

\* Request for Waiver/Exemption from PDMP Reporting (Check all that apply):

Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

Other

[Previous](#) [Next](#)

- ii. If Dispenser NEVER dispenses ANY controlled substance in Schedule II, III, and IV (includes CV) in or into State of South Dakota statement was selected: Provide an explanation in the required response box.

\* Request for Waiver/Exemption from PDMP Reporting (Check all that apply):

Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

Other

\* Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV in, Provide an explanation

Explanation

- iii. If Other is selected: Provide an explanation in the required response box.

\* Request for Waiver/Exemption from PDMP Reporting (Check all that apply):

Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

Other

\* Explanation(Other)

Explanation

- d. Once complete: Click next to continue.

## 7. Regulatory Question page.

REGULATORY QUESTIONS

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense excluding minor traffic violations?  Yes  No

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- a. “Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense excluding minor traffic violations: Click the box in front of yes or no.
  - i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
- b. Once complete, click next to continue.

REGULATORY QUESTIONS

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense excluding minor traffic violations?  Yes  No

Management Discipline Documentation

Attach Document

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## 8. Application Input Preview page.

- a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
- b. Use the vertical scroll bar to review the completed application.
- c. If there are errors to correct: click on the Previous button to return to the page that needs to have corrections made.
- d. Once review is complete: Click next to continue.

APPLICATION INPUT PREVIEW

**SOUTH DAKOTA PHARMACY INSTRUCTIONS**

• For application information, instructions, and forms to upload, please go to this link: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>

**LICENSE INFORMATION**

LICENSE CLASSIFICATION

Full Time Pharmacy  Part Time Pharmacy

\* Legal Name of Business (must be the same as DEA title, if applicable)  DEA Name, if applicable

\* Address1  Address2  Address3

\* Zip  \* City  \* State

\* County  \* Phone Number  Fax Number

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9. **Affirm and Submit** page.

- a. Read and understand the statement at the top, then check the affirmation/certify check box.
- b. E-Signature: Enter full name of person filling out the renewal.
- c. Date: This will auto populate.
- d. Fee: This will auto populate.
- e. Debit/Credit: From drop-down menu select debit or credit for type of credit card being used.
- f. Card Type: From drop-down menu select type of credit card you are using.
  - i. **Mastercard, VISA, or American Express only accepted.**
- g. Person's Name on Card: Enter name of person that appears on the credit card.
- h. Card #: Enter Mastercard, Visa, or American Express credit card number.
- i. Expiration date: Enter credit card expiration date in MM/YY format.
- j. Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.
- k. Once confident that the application is complete: Click on Submit.
- l. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**
- m. All application fees are nonrefundable and nontransferable.

**AFFIRM AND SUBMIT**

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 penalty 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.

\* E-Signature of the person filling out this renewal (Type in full name) \* Date License Fee  
E-Signature 04/11/2022 \$200.00

\* Select Debit or Credit \* Card Type  
Select Select Card Type

\* Person's Name on Card \* Card #  
Person's Name on Card Card #

\* Expiration Date (MM/YY) \* Security code (3-digit number or 4-digit number if American Express/Amex)  
MM/YY Security Code

All application fees are nonrefundable and nontransferable.

Previous Submit

Please note that after you click the Submit button, you cannot make changes to your application.

- n. If any invalid information was entered, an alert message will appear indicating that your card was invalid.
  - i. Click on Ok: Re-enter the correct information and click on submit to complete the application.

**Alert Message**

🚫 Your application has been successfully submitted. Your confirmation is 2020

✔️ Ok

- o. Once successfully submitted, you will get an auto generated reference number. Note the auto generated reference number for your future reference, if needed.
  - i. Click OK when complete.

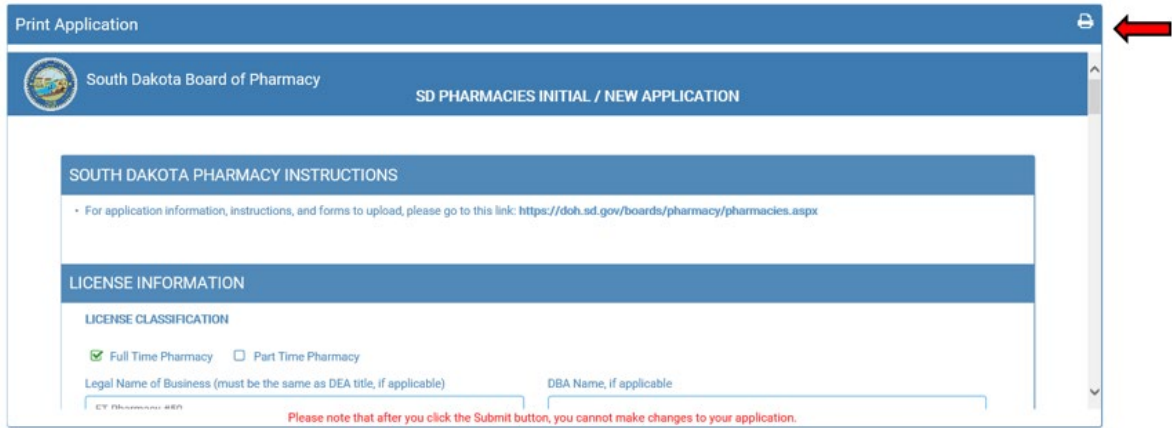
**Alert Message**

🚫 Your application has been successfully submitted. Your confirmation is 2020082500000875

✔️ Ok



10. After the confirmation alert message, the completed renewal application will show.
- This application can be printed by clicking on the printer in the upper right corner.



The screenshot shows a web application interface for the South Dakota Board of Pharmacy. At the top, there is a blue header with the text "Print Application" and a printer icon. Below this is another blue header with the South Dakota Board of Pharmacy logo and the text "South Dakota Board of Pharmacy" and "SD PHARMACIES INITIAL / NEW APPLICATION". The main content area is divided into sections: "SOUTH DAKOTA PHARMACY INSTRUCTIONS" with a link to <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>, and "LICENSE INFORMATION" with a "LICENSE CLASSIFICATION" section. Under "LICENSE CLASSIFICATION", there are two radio buttons: "Full Time Pharmacy" (checked) and "Part Time Pharmacy". Below these are two text input fields: "Legal Name of Business (must be the same as DEA title, if applicable)" and "DBA Name, if applicable". At the bottom, there is a red note: "Please note that after you click the Submit button, you cannot make changes to your application." A red arrow points to the printer icon in the top right corner.

*See next page for information needed after license is issued.*

## After License has been issued

### How to Set Up Your Profile / Online Account – Start Here

1. Click on this link (**Bookmark this page**): [https://sdbop.igovsolution.net/online/User\\_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx)
  - a. This link will be needed to renew your license.
  - b. Click on sign up and follow the next steps.

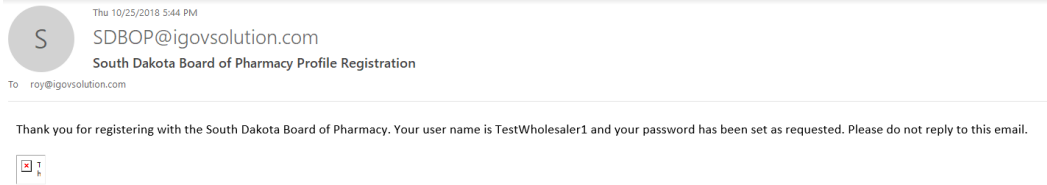
### 2. Registration.

- a. After clicking on sign up, you will be directed to the registration box.
- b. Permit type: From drop down menu, select type of permit.
- c. Permit number: Input the last four digits of the permit number.
- d. Physical Zip Code: Input the zip code of the facility.
- e. This information must match what is on your current license.
- f. Click Next.

### 3. Credentials.

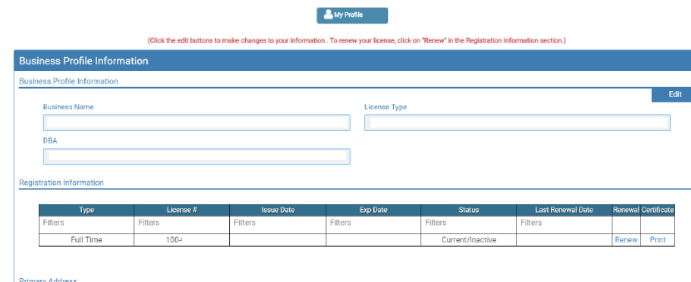
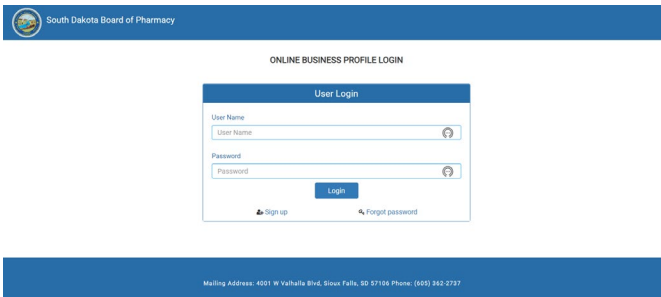
- a. Email: Input email address.
- b. Confirm email: Input email address used in first line.
- c. User Name: Input a user name.
- d. Password: Input a password.
- e. Confirm password: Input the password from previous line.
  - i. There are no password guidelines or restrictions.
- f. Click Submit.
- g. An Alert Message will appear when registration is successful.

4. Once user registration is successful, an automated e-mail will be sent to the e-mail that you provided during your registration, like below:



**5. User Login.**

- a. You will be returned to the user login page after setting up the account.
- b. User Name: Input the user name and password used to set up the account.
- c. Click Login.
- d. You will be directed to the My Profile page.



## My Profile Page Information

My Profile Section contains eight areas of information for review and/or edit.

1. **Business Profile Information** section.

- This is a non-editable section.
- Fields in this section include the Business Name, License type, DBA, Ownership Type, Responsible Person, and Title.

Business Profile Information

Business Profile Information

Business Name

License Type

DBA

\*Ownership Type

\*Responsible Person

\*Title

Please use notification form at the board website to make any changes to the license including pharmacy name, address, or PIC: <https://doh.sd.gov/boards/pharmacy/assets/Non-ResidentPharmNotificationForm0.pdf>

2. **Registration Information** section.

- This is a non-editable section.
- Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
- The Renew button is used to renew the license. When clicked on, you will be taken to the renewal web page.
- Licensee can also print the facility license by clicking on the Print button.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew	Certificate
						Renew	Print

3. **Primary Address** section.

- This is a non-editable section.
- This is the physical location of the pharmacy.

Primary Address

Address Line 1

Address Line 2

Address Line 3

City

State

County

Zip

4. **Mailing Address Information** section.

- These are editable fields.
- This is the mailing address information if this is different from the physical address location.
- To edit, click on the Edit button. Make corrections/changes, then click submit.

Mailing Address Information (if different from Primary Address)

Check if mailing address is the same as above.

Address Line 1

Address Line 2

Address Line 3

City

State

County

Zip

Edit

5. **Contact Information** section.

- a. These are editable fields.
- b. This section contains the phone number, alternate phone, e-mail, and fax of the business.
- c. To edit, click on the Edit button. Make corrections/changes, then click submit.

6. **Document Details** section.

- a. This section contains all the documents uploaded as part of the application/renewal.
- b. This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
- c. To upload a document:
  - i. Document Type: select type of document from the drop-down list.
  - ii. Documents: Click on 'Attach' button to select/browse for the file from the local folder.
  - iii. Upload document: Once document is selected, click on upload document.
- d. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.

Date	Document type	File Name	Download
12/11/2019	Inspection - Out of State		Download
12/11/2019	Renewal		Download
12/11/2019	States licensed in		Download
12/11/2019	Owner or Corporate Officer Certificate Form		Download

7. **Payment History** section.

- a. This section contains payments made for licensure. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
- b. To print a receipt, click on the printer in the receipt column for the receipt needed.

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
20191211	Credit Card	12/11/		\$250.00	
201812280	Credit Card	12/28/		\$250.00	
		01/28/		\$200.00	

8. **Renewal Details** section.

- a. In this section, licensee can check the status of their renewal application to see if licensure is Pending or if it is Cleared. If license is cleared, it has been renewed.
- b. If it is Cleared, in the Registration information grid it will show the updated license expiration date and last renewal date.
- c. Print your online submitted renewal form, if needed, by clicking on the printer in the print column.

Order ID	License Number	Renewal Date	Status	E-Signature	Print
201906	100-	06/15/2019	Clear		
2020052	100-		Clear		
202104	100-	04/06/2021	Pending		
202104	100		Clear		

## Trouble Shooting and Other Tips

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### 1. I'm having trouble getting through the licensing process.

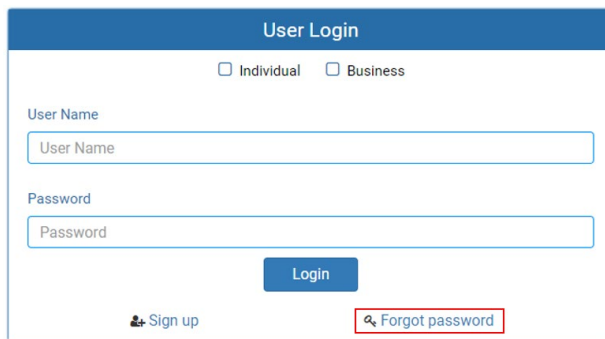
- Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
- This platform does not support the use of a mobile phone.
- If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
- Be sure your pop-up blocker is turned off.
- Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

### 2. Tips

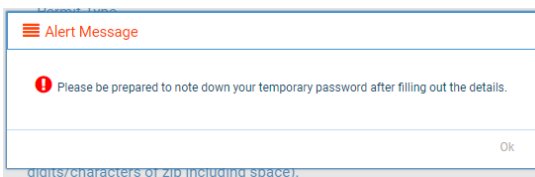
- PDF documents are the preferred type of documents for required uploads.
- Only upload documents during the licensing process. **DO NOT UPLOAD** on the My Profile page for a new or renewal application.
- This platform does not support the use of a mobile phone.
- At the top of your licensure documentation, if it includes 'This is a Primary Source Verification' – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #1 on page 24 to see how to print your license.

### 3. Reset Password

- At the User Login page, click on Forgot Password.



- Upon advancing to the next page, an alert message pops up.
  - PLEASE NOTE THIS:** *Please be prepared to write down your temporary password after filling out the details.*
  - Click OK.



- c. Return to the **User Login** page.
  - i. Select Business at the top.
  - ii. User Name: Enter your User Name.
  - iii. Password: Input the temporary password from the Alert Message. If you copied password into a word document, copy and paste the temporary password into the password text box.
  - iv. Click Log In.

The screenshot shows a web form titled "User Login". At the top, there are two radio buttons: "Individual" and "Business". The "Business" radio button is selected. Below the radio buttons, there are two text input fields: "User Name" and "Password". Below the "Password" field, there is a blue "Login" button. At the bottom of the form, there are two links: "Sign up" and "Forgot password".

- d. **Credentials** Page
  - i. Old Password: Enter your temporary password from the Alert Message as the Old Password. If you copied password into a word document, copy and paste the temporary password into the password text box.
  - ii. New Password: Enter a new password.
  - iii. Confirm the New Password: Enter your new password.
  - iv. Click Submit.
  - v. You will return to the log in page.
  - vi. Enter the User name and new password to continue.