

SOUTH DAKOTA BOARD OF PHARMACY

Nonresident (Out-of-State) Pharmacy

**User Guide and
Initial Application Instructions**

Valid through 4/30/2024



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Nonresident Pharmacy Initial Application

Table of Contents

General Information	3
List of required documents for upload in application	3
General Notes.....	4
Initial Application Begins Here	4
Link to begin initial application	4
New Application.....	4
Pharmacy Information and DEA License.....	5
Non-Resident Pharmacy Information.....	5
Type of pharmacy.....	5
Type of Prescription Drugs/Products Dispensed.....	6
Description of Type of Pharmacy Practice	6
Pharmacist-in-Charge	7
License Application Preparer Information	7
Home State License/Inspection	8
Home State License	8
Inspection.....	8
Ownership page.....	9
Sole Proprietorship/Single Member LLC	9
Partnership	10
Corporation	11
LLC	12
Other	13
Employees.....	14
Prescription Drug Monitoring Program	16
Initial Regulatory Questions.....	17
Application Input Preview.....	18
Affirm and Submit.....	18
 After license has been issued: How to set up Profile/Online account and My Profile Page Information.....	 20
To Set Up Your Profile/Account Start Here.....	20
My Profile page information.....	22
How to print your license (item 2).....	22
How to print a receipt (item 6).....	23
 Troubleshooting and Other Tips	 24
I'm having trouble getting through the licensing process	24
Tips.....	24
Reset Password	24

General Information

1. License fee: \$200.
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. **DEA certificate**, if shipping controlled substances.
2. **Business description** to include type of business, prescription drugs, and services provided to South Dakota patients.
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. **Home state license** or primary source verification.
5. **List of all the states** pharmacy is licensed in.
6. **Inspection report** less than 4 years old or written explanation why inspection is not available.
7. **Inspection deficiency responses**, if applicable.
8. **List of pharmacy owners:** owners, partners, officers, and/or member names and titles.
9. 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/>
10. **List of employees:** staff pharmacists, technicians, and interns names and titles.
11. **Power of Attorney (POA)** document granting signing authority to individual who executed/signed any form above.
 - a. POA should be uploaded with corresponding form.
12. **Court documents**, if “yes” response to regulatory question(s).

After application submission.

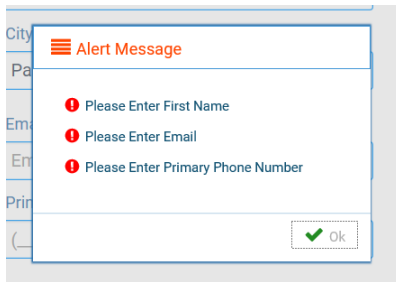
1. Board reviews application, emails submitter if clarification is needed, and approves/denies application.
2. Once approved, a no-reply automated email is sent to submitter.

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
3. Print pharmacy license: page 22. Item 2
4. Print payment receipt: page 23, item 7.
5. Reset a password: page 24.

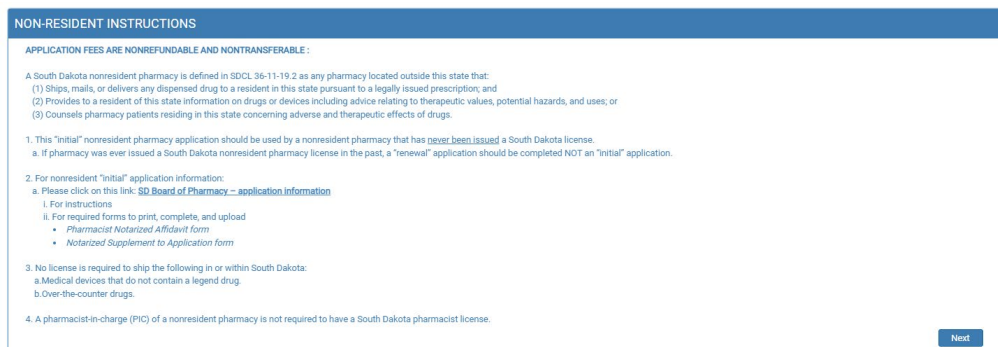
General Notes

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** Click on this link: <https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=57>
 - a. The below page will open with a link to instructions and forms, if needed.
 - b. Click next to continue.



2. **New Application page.**
 - a. Select box in front of New.
 - b. Click Next.



3. Pharmacy Information and DEA License page.

a. Non-Resident Pharmacy Information section.

- i. Legal Name of Business (Must be the same as name on DEA certificate, if applicable): Input legal name of business.
- ii. DBA name: Input dba name, if applicable.
- iii. Address 1: Input address of business.
- iv. Address 2, Address 3: Input additional address information, in needed.
- v. Zip: Input zip code of business.
- vi. City: Input city if it does not auto populate.
- vii. State: Input state if it does not auto populate.
- viii. County: Input county if it does not auto populate.
 - 1. If county is outside of South Dakota, select Outside SD.
- ix. Pharmacy Email: Input pharmacy's email address.
- x. Phone Number: Input business phone number.
- xi. Fax Number: Input business fax number.

Non-Resident Pharmacy Information

* Legal Name of Business (must be the same as DEA title, if applicable) DBA Name (will also appear on SD Non-Resident license)

Legal Name of Business: DBA:

* Address1 Address2 Address3

Address1: Address2: Address3:

* Zip * City * State

Zip: City: Select State:

* County (if not in SD, select 'Outside SD') * Pharmacy Email * Phone Number

Select County: Pharmacy Email: Phone Number:

Fax Number

b. Type of pharmacy 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.

Type of Pharmacy

* Type of Pharmacy – Check all that apply

Retail Independent Hospital Sterile Compounding Non-Sterile Compounding LTC Central fill Central process Mail Order Other

ii. If other is selected:

- a. In explanation box: Input an explanation in the required response box.

Type of Pharmacy

* Type of Pharmacy – Check all that apply

Retail Independent Hospital Sterile Compounding Non-Sterile Compounding LTC Central fill Central process Mail Order Other

Explanation:

c. **Types of Prescription Drugs/Products Dispensed** section.

- i. Type of prescription drugs/products dispensed – check all that apply: Click box in front of each item that identifies each type of drugs/products dispensed by this pharmacy.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

- DEA Controlled Substance
- Noncontrolled prescription drugs (federal legend)
- Nonsterile compounds
- Sterile compounds
- Consulting services only-no medications dispensed
- Other

ii. If **DEA Controlled Substances** is selected:

- 1. Current DEA License Number: Input DEA number.
- 2. DEA License Expiration Date: Input DEA license expiration date in MM/DD/YYYY format.
- 3. Upload copy of DEA Certificate: Click on Attach Document to upload a copy of the current DEA certificate.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

- DEA Controlled Substance
- Noncontrolled prescription drugs (federal legend)
- Nonsterile compounds
- Sterile compounds
- Consulting services only-no medications dispensed
- Other

* Current DEA License Number:

* DEA License Expiration Date:

Upload copy of current DEA Certificate

iii. If **Other** is selected:

- 1. Explanation for Other Type of Prescription Drugs/Products Dispensed: Input an explanation in the required response box.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

- DEA Controlled Substance
- Noncontrolled prescription drugs (federal legend)
- Nonsterile compounds
- Sterile compounds
- Consulting services only-no medications dispensed
- Other

* Explanation for Other Type of Prescription Drugs/Products Dispensed

d. **Description of Type of Pharmacy Practice** section.

- i. Type of Pharmacy Practice including description of the prescription drugs and services provided to patients in South Dakota: Click on Attach Document to upload document that contains the description of the prescription drugs and services provided to patients in South Dakota.

Description of Type of Pharmacy Practice

Type of Pharmacy Practice including description of the prescription drugs and services provided to patients in South Dakota.

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

- i. Pharmacist in Charge Name: Input pharmacist-in-charge’s name.
- ii. Pharmacist-in-Charge Home State License Number: Input the pharmacist-in-charge’s home state professional license number.
- iii. Average Hours Worked/Week: Input average number of hours pharmacist-in-charge works per week.
- iv. Pharmacist-in-Charge Email: Input pharmacist-in-charge’s email address.
- v. Pharmacist-in-Charge Phone Number: Input 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.

Pharmacist-in-Charge

* Pharmacist-in-Charge Name
Pharmacist-in-Charge Name

* Pharmacist-in-Charge Home State License Number
Home State License Number

* Average Hours Worked/Week
Average Hours Worked/Week

* Pharmacist-in-Charge Email
Pharmacist-in-Charge Email

* Pharmacist-in-Charge Phone Number
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Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.

Attach Document

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

- i. Prepared by Pharmacist-in-Charge: Check box if pharmacist-in-charge is filling out the application.
 - 1. Click Next.
- ii. If above box was not 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.

License Application Preparer Information

Prepared by Pharmacist-in-Charge

* Preparer Name
Preparer Name

* Preparer Title
Preparer Title

* Company Name
Company Name

* Address1
Address1

Address2
Address2

Address3
Address3

* Zip
Zip

* City
City

* State
Select State

* County
Select County

* Preparer Email
Preparer Email

* Preparer Phone Number
() - -

Preparer Fax Number
() - -

g. Click Next when complete.

4. **Home State License/Inspection page.**

a. **Home State License section.**

- i. Home State: From drop-down menu, select state pharmacy is licensed in.
- ii. Home State License Number: Input the home state pharmacy license number.
- iii. Home State License Expiration: Input home state pharmacy license expiration date in MM/DD/YYYY format.
- iv. Home State license or equivalent document: Click on Attach Document to upload a copy of the current home state pharmacy license.
- v. Other states licensed in: Click on Attach Document to upload a document that lists all other states this pharmacy may be licensed in.

The screenshot shows the 'Home State License' section of the application form. It includes three input fields: 'Home State' (a dropdown menu with 'Select State' as the current selection), 'Home State License Number' (a text input field), and 'Home State License Expiration' (a text input field with a placeholder 'MM/DD/YYYY'). Below these fields are two 'Attach Document' buttons. The first button is labeled 'Home State license or equivalent document' and the second is labeled 'Other states licensed in'.

b. **Inspection section.**

- i. Type of Inspection: From drop-down select type of inspection being submitted.
 - 1. Options will be: Home State, Other State, NABP/VPP/VIPPS, No inspection, or Other.
- ii. Date of last inspection: Input date of inspection in MM/DD/YYYY format.
- iii. Inspection document, if no inspection or inspection is over 4 years since an inspection, please upload document stating reason why: Click on Attach Document to upload inspection or document with explanation.

The screenshot shows the 'Inspection' section of the application form. It features two red bullet points: 'Must be less than 4 years old.' and 'If not less than 4 years old OR no inspection available, upload a written explanation of why the inspection requirement cannot be met.' Below these are two input fields: 'Type of Inspection:' (a dropdown menu with 'Select' as the current selection) and 'Date of last inspection:' (a text input field with a placeholder 'MM/DD/YYYY'). Below these fields is an 'Attach Document' button. At the bottom of the section, there is a question: 'Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?' with radio buttons for 'Yes' and 'No'.

- iv. Were there any deficiencies/corrections required based on inspection identified above including any 483 observations: Click yes or no box.

1. If yes box is selected:

- a. Inspection correction document(s): Click on Attach Document to upload inspection correction document(s).

The screenshot shows the 'Inspection correction document(s)' section of the application form. It includes a question: 'Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?' with radio buttons for 'Yes' (which is selected) and 'No'. Below this is an 'Attach Document' button.

c. Once completed, click next.

5. **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". At the bottom of the form, there are two buttons: "Previous" on the left and "Next" on the right.

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.
 - a. 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.

The screenshot shows the "OWNERSHIP" page with "Sole Proprietorship/Single-Member LLC" selected. The form contains the following fields:

- Name: Text input field.
- Address1: Text input field.
- Address2: Text input field.
- Address3: Text input field.
- Zip: Text input field.
- City: Text input field.
- State: Dropdown menu with "Select State" as the placeholder.
- County: Dropdown menu with "Select County" as the placeholder.
- Phone Number: Text input field with a format guide "() - . -".
- Is the pharmacist-in-charge 100% owner of the nonresident pharmacy?: Radio buttons for "Yes" and "No".
- Notarized Supplement to Application Affidavit: "Attach Document" button.

Navigation buttons "Previous" and "Next" are at the bottom.

c. If **Partnership** is selected:

The screenshot shows a web form titled "OWNERSHIP". Under "Type of Ownership", the "Partnership" radio button is selected. Below this, there is a "Click Here" button. Further down, there are two "Attach Document" buttons: one for "Attach Name and Address of Partners" and another for "Notarized Supplement to Application Affidavit". At the bottom of the form, 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:

OWNERSHIP

Type of Ownership
 Sole Proprietorship/Single-Member LLC Partnership Corporation LLC Other

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

Attach Name and Address of Corporate Officers. [Attach Document](#)

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

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

- 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.

Add more for Corporation

* Name of Corporation
Name of Corporation

* Address1
Address1

Address2
Address2

Address3
Address3

* Zip
Zip

* City
City

* State
Select State

* Phone Number
() - -

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

- 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](#)

Attach Name and Address of Members [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
Address1

Address2
Address2

Address3
Address3

* Zip
Zip

* City
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". Under "Type of Ownership", the "Other" option is selected with a green checkmark. Below this, there are several input fields: "Name of Entity", "Address1", "Address2", "Address3", "Zip", "City", "State" (a dropdown menu), and "Phone Number". There is also a "State Type of Entity" field with a placeholder "Please Enter Explanation". At the bottom, there are two "Attach Document" buttons for "Partner/member/officer information" and "Notarized Supplement to Application Affidavit", along with "Previous" and "Next" navigation buttons.

- 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.

6. Employees page.

The screenshot shows the 'EMPLOYEES' section of a web application. It features three rows of checkboxes for selecting employee types: 'Staff Pharmacists', 'Registered Technicians currently working at this location', and 'Pharmacist Interns currently working at this location'. Each row has a 'None' option. To the right of each row is a button labeled 'Click Here To Add More For [Employee Type]'. Below these rows are three 'Or Upload List Below' labels, each followed by an 'Attach Document' button. At the bottom left is a 'Full Listing of Pharmacists, Technicians, and Interns' label, and at the bottom right is an 'Attach Document' button. Navigation buttons for 'Previous' and 'Next' are located at the very bottom of the 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 home state license number.
 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 additional staff pharmacists, repeat this process to enter the additional pharmacists.

The screenshot shows a modal window titled 'Staff Pharmacists'. It contains three input fields: 'Staff Pharmacist License #' (with a placeholder 'Staff Pharmacist License #'), 'Staff Pharmacist Name' (with a placeholder 'Staff Pharmacist Name'), and 'Staff Pharmacist Average Hours Worked/Week' (with a placeholder 'Staff Pharmacist Average Hours Worked/Week'). At the bottom of the form are two buttons: 'Save' and 'Cancel'.

- 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: Input technicians’ name.
 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: Input pharmacist intern’s name.
 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.

7. 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.

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.

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

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.

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

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.

8. Initial Regulatory Questions page.

INITIAL REGULATORY QUESTIONS

Have you, or any other managing officer, director, owner, 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

Has the pharmacy been disciplined in the last three (3) years by any state or federal agency? Yes No

Previous Next

- a. "Have you, or any other managing officer, director, owner, 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. "Has the pharmacy been disciplined in the last three (3) years by any state or federal agency?" : Click 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)
- c. Once complete, click next to continue.

INITIAL REGULATORY QUESTIONS

Have you, or any other managing officer, director, owner, 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

Has the pharmacy been disciplined in the last three (3) years by any state or federal agency? Yes No

Attach Pharmacy Disciplinary Documents

Attach Document

Previous Next

9. Application Input Preview page.

- 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.
- Use the scroll bar on the right to go through the information.
- If there are errors to correct: click on the Previous button to return to the page that needs to have corrections made.
- Once review is complete: Click next to continue.

APPLICATION INPUT PREVIEW

NON-RESIDENT INSTRUCTIONS

APPLICATION FEES ARE NONREFUNDABLE AND NONTRANSFERABLE:

A South Dakota nonresident pharmacy is defined in SDCL 36-11-19.2 as any pharmacy located outside this state that:

- (1) Ships, mails, or delivers any dispensed drug to a resident in this state pursuant to a legally issued prescription; and
- (2) Provides to a resident of this state information on drugs or devices including advice relating to therapeutic values, potential hazards, and uses; or
- (3) Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

1. This "initial" nonresident pharmacy application should be used by a nonresident pharmacy that has never been issued a South Dakota license.

- If pharmacy was ever issued a South Dakota nonresident pharmacy license in the past, a "renewal" application should be completed NOT an "initial" application.

2. For nonresident "initial" application information:

- Please click on this link: [SD Pharmacy Board - pharmacy issues - SD Dept. of Health](#)
- For instructions
 - For required forms to print, complete, and upload
 - Pharmacist Notarized Affidavit form
 - Notarized Supplement to Application form

3. No license is required to ship the following in or within South Dakota:

Medical devices that do not require a Federal drug

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

10. Affirm and Submit page.

- Read and understand the statement at the top, then check the affirmation/certify check box.
- E-Signature: Enter full name of person filling out the renewal.
- Date: This will auto populate.
- Fee: This will auto populate.
- Debit/Credit: From drop-down menu select debit or credit for type of credit card being used.
- Card Type: From drop-down menu select type of credit card you are using.
 - Mastercard, VISA, or American Express only accepted.**
- Person's Name on Card: Enter name of person that appears on the credit card.
- Card #: Enter Mastercard, Visa, or American Express credit card number.
- Expiration date: Enter credit card expiration date in MM/YY format.
- 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.
- Once confident that the application is complete: Click on Submit.
- 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.**
- 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 * Date License Fee

* Debit /Credit * Card Type

* Person's Name on Card * Card #

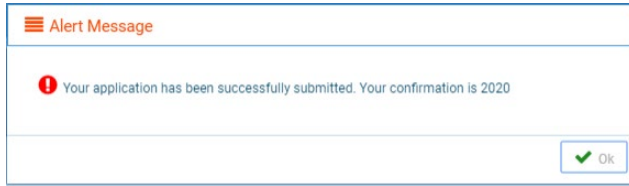
* Expiration Date (MM/YY) * Security code (3-digit number or 4-digit number if American Express/Amex)

All application fees are nonrefundable and nontransferable.

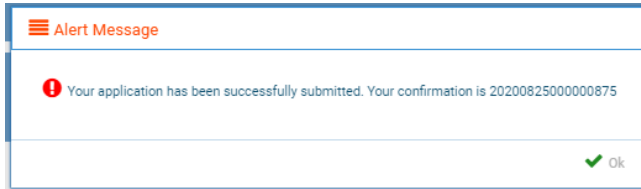
[Previous](#) [Submit](#)

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

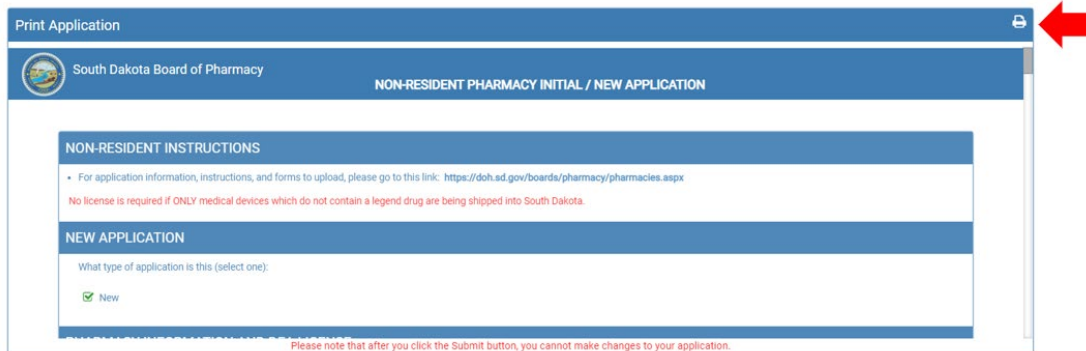
- n. If any invalid information was entered, an alert message will appear indicating that your card was invalid.
 - i. Click on Ok: Re-enter the correct information and click on submit to complete the application.



- 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.



- 11. After the confirmation alert message, the completed renewal application will show.
 - a. This application can be printed by clicking on the printer in the upper 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
 - a. This link will be needed to renew your license.
 - b. Click on sign up and follow the next steps.

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name
User Name

Password
Password

Login

Sign up

Forgot password

Mailing Address: 6031 W Valley Blvd, Sioux Falls, SD 57108 Phone: (605) 363-2727

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.

ONLINE BUSINESS PROFILE

Registration Step 1 / 2

Please provide the information below.
Click here to verify your Permit #.

Permit Type
Select License Type

Permit #
Permit Number

Physical Zip (if outside the United States, please enter the first 5 digits/characters of zip including space.)
Physical Zip

Next

Forgot Password

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.

ONLINE BUSINESS PROFILE

Credentials Step 2 / 2

* Email
Email

* Confirm Email
Confirm Email

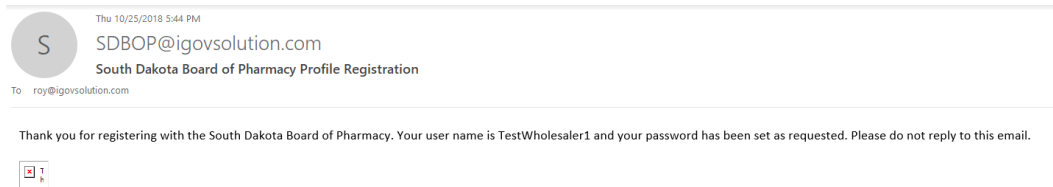
* User Name
User Name

* Password
Password

* Confirm Password
Confirm Password

Previous Submit

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.

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name
User Name

Password
Password

Login

Sign up Forgot password

Working Address: 401 N. Victoria Blvd, Sioux Falls, SD 57104 Phone: (605) 343-2727

My Profile

Business Profile Information

Business Profile Information Edit

Business Name License Type

Business Name License Type

Business Name License Type

Registration Information

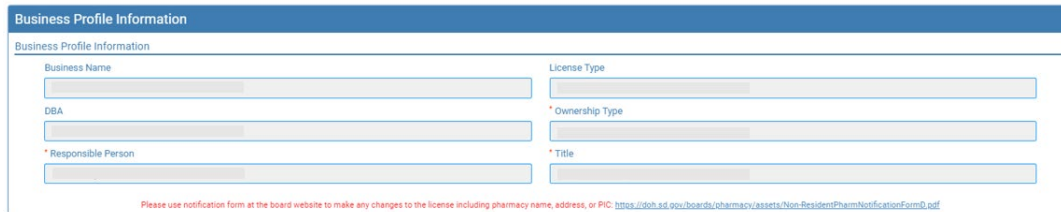
Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Cycle
Filters	Filters	Filters	Filters	Filters	Filters	Renewal Cycle
Full Time	100+			Current/Inactive		Renewal Cycle

My Profile Page Information

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

1. **Business Profile Information** section.

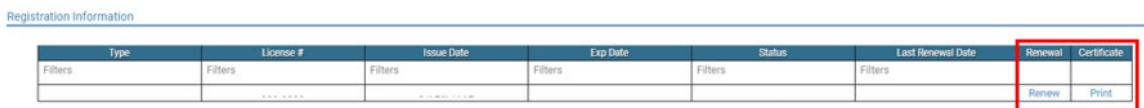
- a. This is a non-editable section.
- b. Fields in this section include the Business Name, License type, DBA, Ownership Type, Responsible Person, and Title.



The form titled "Business Profile Information" contains several input fields. On the left side, there are fields for "Business Name", "DBA", and "* Responsible Person". On the right side, there are fields for "License Type", "* Ownership Type", and "* Title". A red box highlights the "Responsible Person" field. At the bottom of the form, there is a red text instruction: "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.

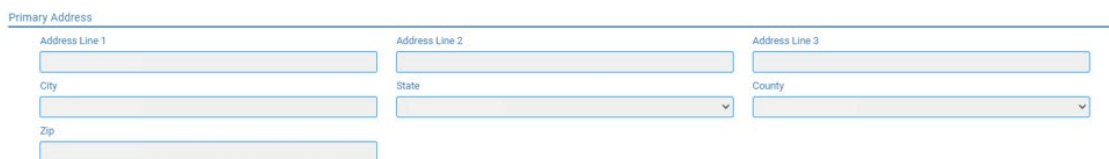
- a. This is a non-editable section.
- b. Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
- c. The Renew button is used to renew the license. When clicked on, you will be taken to the renewal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



The "Registration Information" section displays a table with the following columns: Type, License #, Issue Date, Exp Date, Status, Last Renewal Date, Renewal, and Certificate. Each of the first six columns has a "Filters" button below it. The "Renewal" and "Certificate" columns have "Renew" and "Print" buttons respectively. A red box highlights the "Renew" and "Print" buttons.

3. **Primary Address** section.

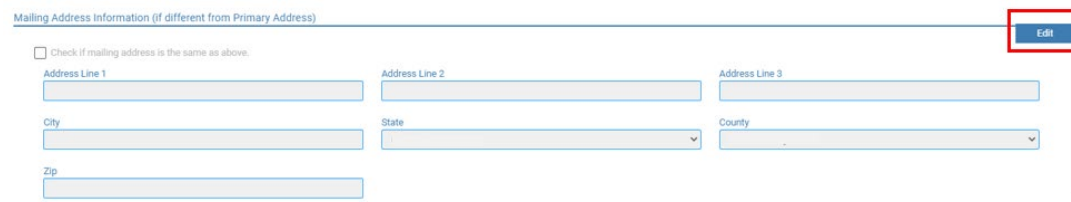
- a. This is a non-editable section.
- b. This is the physical location of the pharmacy.



The "Primary Address" form includes input fields for "Address Line 1", "Address Line 2", and "Address Line 3". Below these are dropdown menus for "City", "State", and "County", and an input field for "Zip".

4. **Mailing Address Information** section.

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



The "Mailing Address Information (if different from Primary Address)" form features a checkbox labeled "Check if mailing address is the same as above." Below the checkbox are input fields for "Address Line 1", "Address Line 2", and "Address Line 3", along with dropdown menus for "City", "State", and "County", and an input field for "Zip". A red box highlights an "Edit" button in the top right corner.

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	
2018122801	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	Cleared		
2020052	100-		Cleared		
202104	100-	04/06/2021	Pending		
202104	100-		Cleared		

Trouble Shooting and Other Tips

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

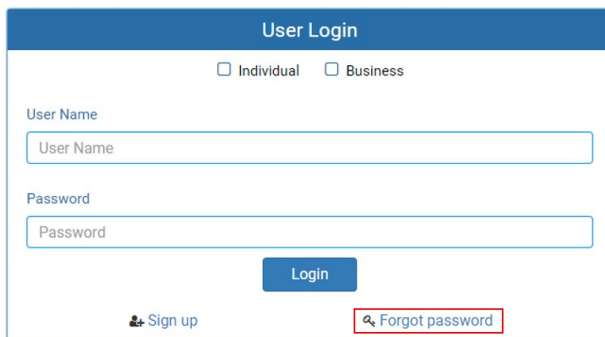
- Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
- This platform does not support the use of a mobile phone.
- If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
- Be sure your pop-up blocker is turned off.
- Firewalls or anti-malware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

2. Tips

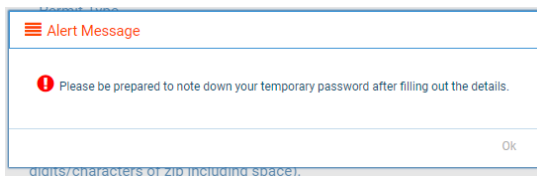
- PDF documents are the preferred type of documents for required uploads.
- Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
- This platform does not support the use of a mobile phone.
- At the top of your licensure documentation, 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

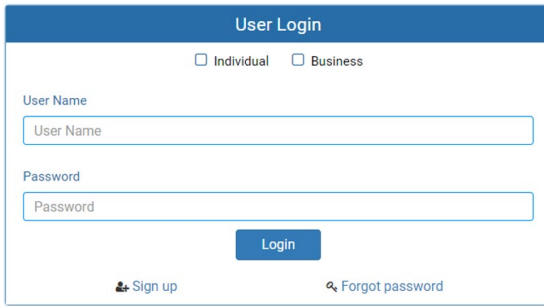
- At the User Login page, click on Forgot Password.



- 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.



- Return to the **User Login** page.
 - Select Business at the top.
 - User Name: Enter your User Name.
 - 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.
 - Click Log In.



The image shows a 'User Login' form with a blue header. Below the header are two radio buttons for 'Individual' and 'Business'. There are two text input fields: 'User Name' and 'Password'. A blue 'Login' button is centered below the password field. At the bottom, there are links for '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.