



SOUTH DAKOTA BOARD OF PHARMACY

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

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

NON-RESIDENT PHARMACY INFORMATION SHEET

UPDATE YOUR RECORDS

New Executive Director – Kari Shanard-Koenders

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

HOW TO NOTIFY THE BOARD REGARDING CHANGES

All communications sent to the SD Board should include the following

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

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

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

SD Board does not need to be notified of

- store hour changes
- staff pharmacist or technician changes



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NON-RESIDENT PHARMACY NOTIFICATION FORM

CHANGE TO LICENSE # 400 - _____

NAME CHANGE

CURRENT - LEGAL NAME

NEW - LEGAL NAME

CURRENT - DBA NAME

NEW - DBA NAME

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

LOCATION CHANGE

CURRENT - ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #

NEW - ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #

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

CLOSURE

LEGAL NAME

DATE OF CLOSURE

ADDRESS

CITY

STATE

ZIP

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

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

SIGNATURE OF REPRESENTATIVE

PRINTED NAME OF REPRESENTATIVE

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #