



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

INFORMATION SHEET

UPDATE YOUR RECORDS

New Executive Director – Kari Shanard-Koenders, R.Ph.

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

SD BOARD NOTIFICATION REQUIREMENTS

All communication sent to the SD Board should include

1) Entity's legal name 2) DBA name 3) Full address 4) Phone, Fax, Email 5) SD license #

SD Board requires written notification for the following changes within 60 days

- **Entity Location Change (In-State)**

Submit to the SD BOP a completed Notification Form and

- a copy of home state license for the new location,
- a copy of the inspection for the new location (if no inspection being done provide an explanation), and
- the original SD license (if an updated license is desired); retain a copy of license before sending original
- if entity moved out of state, complete a new application

- **Entity Name Change**

Submit to the SD BOP a completed Notification Form and

- a copy of home state license with the new name,
- the original SD license (if an updated license is desired); retain a copy of license before sending original

- **Entity Closure**

Submit to the SD BOP a completed Notification Form and

- return original SD license

- **Responsible Party Change**

Submit to the SD BOP a completed Notification Form

- **Entity 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.

NO NOTIFICATION REQUIRED FOR

- Director changes, officer changes, and board member changes – notify Board upon renewal



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NOTIFICATION FORM CHANGE TO LICENSE # 600 - _____

DESIGNATED REPRESENTATIVE CHANGE Send completed notification form signed by owner/officer to Board

NAME - NEW DESIGNEE

WORK ADDRESS

CITY

STATE

ZIP

WORK EMAIL

PHONE #

FAX #

NAME CHANGE Send (1) completed notification form signed by owner/officer, (2) copy of home state license with new name, (3) original SD license (if an updated license is desired); retain a copy of license before mailing original to Board

CURRENT - LEGAL NAME

NEW - LEGAL NAME

CURRENT - DBA NAME

NEW - DBA NAME

IN-STATE LOCATION CHANGE Send (1) completed notification form signed by owner/officer, (2) copy of home state license for new location, (3) copy of inspection of new location, if no inspection provide an explanation why, (4) original SD license (if an updated license is desired); retain a copy of license before mailing original to Board

CURRENT - ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #

NEW - ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #

CLOSURE Send (1) completed notification form signed by owner/officer, (2) original SD license to Board

LEGAL NAME

DATE OF CLOSURE

ADDRESS

CITY

STATE

ZIP

- ✓ 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
- ✓ Notify the Board of officer, director, and board member changes upon renewal

SIGNATURE OF OWNER / OFFICER

PRINT NAME OF OWNER / OFFICER

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

FAX #