# South Dakota Pharmacies Initial Application

## Table of Contents

- **General Information** .................................................................................................................................................. 3
- **General Notes** ............................................................................................................................................................. 4
- **Initial Application Begins Here** ................................................................................................................................. 4

  - Link to begin initial application ................................................................................................................................. 4
  - License Information page .............................................................................................................................................. 4
  - Ownership page ............................................................................................................................................................. 5
    - Sole Proprietorship .................................................................................................................................................... 6
    - Partnership ................................................................................................................................................................. 6
    - Corporation ................................................................................................................................................................. 7
    - LLC .............................................................................................................................................................................. 8
    - Other ........................................................................................................................................................................... 9
  - Employee page ............................................................................................................................................................ 9
  - Prescription Drug Monitoring Program page ............................................................................................................... 11
  - Regulatory page ........................................................................................................................................................... 12
  - Application Input Preview page ..................................................................................................................................... 13
  - Affirm and Submit page ................................................................................................................................................ 13
  - After license is issued ................................................................................................................................................... 15
    - How to print license .................................................................................................................................................. 15
    - How to print a receipt ................................................................................................................................................ 17

- **After license has been issued: How to set up Profile/Online account and My Profile Page Information** ........................................................................................................................................................................... 14

  - To Set Up Your Profile/Account Start Here .................................................................................................................. 15
  - My Profile page information ........................................................................................................................................ 16
    - How to print your license (item 2) .......................................................................................................................... 16
    - How to print a receipt (item 7) ............................................................................................................................... 17

- **Troubleshooting and Tips** ............................................................................................................................................. 19

  - I’m having trouble getting through the licensing process ......................................................................................... 19
  - Tips .................................................................................................................................................................................. 19
Licensure status

After the license is approved/issued and the profile account is set up, you will be able to do the following:
1. Check application status
2. Print pharmacy license (instructions on page 16, item 2).
3. Print a payment receipt (instructions on page 17, item 7).

License renewal

South Dakota Board of Pharmacy – South Dakota Pharmacy New Application Instructions and User Manual
Ver 1.1 4/21
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, alert message will alert to enter missing fields like below:

![Alert Message]

Initial Application Begins Here

1. **Link to begin initial application**  Click on this link:  [https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=62](https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=62)
   a. The below page will open with a link to instructions.
   b. Click next to continue.

![South Dakota Pharmacy Instructions]

2. **License information** page.
   a. Select Full Time or Part Time pharmacy box.
   b. Complete pharmacy information.
      i. Legal Name of Business (Must be the same as name on DEA certificate, if applicable)
   c. DBA name, if applicable
   d. Address 1. Address 2, Address 3, if applicable.
   e. Zip Code. City, State, and County should auto populate. If it does not, please fill in.
   f. Pharmacy e-mail.
   g. DEA #.
      i. If DEA # is pending, check box.
      ii. **Upload** copy of DEA License, if applicable, by clicking on Attach Document.
   h. **Proposed Opening Date.** Input approximate date opening.
   i. **Type of pharmacy.** Select all that apply.
      i. If **other** is selected, provide/input an explanation in the required response box.
j. Other states licensed in. Upload document listing other states licensed in or intended to be licensed in by clicking on Attach Document.
   i. If no other states, click box ‘No Other States’.

k. Pharmacist-in-charge (PIC)
   i. Input PIC’s South Dakota license number, PIC’s name should auto fill.
   ii. Fill in PIC’s average hours works, PIC email, and PIC phone number.

l. License Preparer Information.
   i. If prepared by Pharmacist-in-Charge, check box.
   ii. If NOT prepared by Pharmacist-in-Charge, fill in preparers name, title, company name, address, email, and phone number.

m. Click next when complete.

3. Ownership page. Select the pharmacy’s Type of Ownership.
a. If *Sole Proprietorship* is selected:

   i. Provide/input the name, address, and phone number.
   
   ii. Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’
   
      a. If answered yes, click yes to continue.
      
      b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.
   
   iii. Once completed, click next to continue.

b. If *Partnership* is selected:

   i. Click on Click Here to Add Name and Address of Partnership.
      
      a. Provide/input the name, address, and phone number.
      
      b. Click Save.
   
   ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.
   
   iii. Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’
      
      a. If answered yes, click next to continue.
      
      b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.
   
   iv. Once completed, click next to continue.
c. If **Corporation** is selected:

i. Click on Click Here to Add Corporation.
   a. Provide/input the name, address, and phone number.
   b. Click Save.

ii. **Upload** document that has the officer names and addresses by clicking on Attach Document.

iii. Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’
   a. If answered yes, click yes to continue.
   b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.

iv. Once completed, click next to continue.
d. If **LLC** is selected:

i. Click on Click Here to Add LLC.
   a. Provide/input the name, address, and phone number.
   b. Click Save.

ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.

iii. Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’
   a. If answered yes, click yes to continue.
   b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.

iv. Once completed, click next to continue.
e. If Other is selected:

i. Provide the name, address, and phone number of the entity.

ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.

iii. Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’
   
   a. If answered yes, click yes to continue.
   
   b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.

iv. Once completed, click next to continue.

4. Employees page.

a. Check box by each type of employee to indicate if there are pharmacists, technicians, or interns currently working at this pharmacy.

   i. Each pharmacist, technician, or intern can be entered manually **OR**

   ii. To **upload** a full listing of pharmacist, technicians, and intern currently working at this pharmacy by clicking on Attach Document.
b. If a manual input is desired for **pharmacists**:
   i. Click on Click here to Add More for Staff Pharmacists
   ii. Input the pharmacist’s license number and fields will populate.
   iii. Enter average hours worked/week.
   iv. Click Save

[Image of Staff Pharmacists input form]

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c. If a manual input is desired for **technicians**
   i. Click on Click here to Add More for Registered Technicians
   ii. Input the technician’s registration number and fields will populate.
   iii. Enter average hours worked/week
   iv. Click Save.

[Image of Registered Technicians input form]

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d. If a manual input is desired for **interns**
   i. Click on Click here to Add More for Pharmacist Intern.
   ii. Input the intern’s registration number and fields will populate.
   iii. Enter average hours worked/week
   iv. Click Save.

[Image of Pharmacist Interns input form]

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e. When complete, click next.
5. **Prescription Drug Monitoring Program (PDMP) page.**
   
a. Select one of the options.

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20.1E and ARSD 20:51:22. 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 inpatient 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.</td>
</tr>
<tr>
<td>□ This pharmacy may dispense controlled substances in schedules II and 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.</td>
</tr>
<tr>
<td>□ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.</td>
</tr>
</tbody>
</table>

b. If this location **will be reporting to the PDMP**
   
i. Click the first box.
   
ii. Click next to continue.

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</tr>
<tr>
<td>✔ This pharmacy may dispense controlled substances in schedules II and 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.</td>
</tr>
<tr>
<td>□ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.</td>
</tr>
</tbody>
</table>


c. If this location is **requesting a waiver/exemption from reporting to the PDMP**
   
I. Choose the second box,
   
II. Choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP. Explanation boxes may have required response(s).
   
III. Once complete, click next to continue.

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<td>□ This pharmacy may dispense controlled substances in schedules II and 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.</td>
</tr>
<tr>
<td>✔ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.</td>
</tr>
</tbody>
</table>

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

- Dispenser is a medical facility that dispenses for inpatient 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 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 and IV (includes CV) in or into the State of South Dakota. Provide an explanation.
6. **Regulatory Question page.**

   a. Answer yes or no to the question.
   b. If question is answered no, click next to continue.
   c. If question is answered yes,
      i. **Upload** of document(s) regarding the incident(s) by clicking on Attach Document.

1. Once complete, click next to continue.

7. **Application Input Preview page.** This is where you can review the application prior to submitting.
   a. Use the scroll bar on the right to go through the information.
      i. Once reviewed, click next to continue.
   b. If there are errors to correct,
      i. Click on the Previous button to return to the page that needs to have corrections made.
   c. Once application is reviewed, click next.
8. Affirm and Submit page.
   a. Select the checkbox stating ‘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.’
   b. Type in your E-signature
   c. Fill in debit/credit, card type (only Mastercard, Visa or American Express is accepted), person’s name on card, card number, expiration date (mm/yy), and the 3-digit number security code. All the fields are mandatory.
   d. Click on submit.

   ![Image of Affirm and Submit page]

   e. Once successfully submitted you will get a System generated auto reference number.
      i. If needed, you can note down that System generated auto reference number for your future reference.

   ![Image of Alert Message]

   f. After the alert message, the new, completed application will show. This application can be printed by clicking on the printer in the upper right corner.

   ![Image of Print Application]

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.

2. Click on Sign Up
   a. On the Registration screen, input the permit type from the drop-down menu.
   b. Enter the last four digits of the permit number.
   c. Enter the zip code of the facility.
   d. This information must match what is on your current license.
   e. Click Next.

3. On the Credentials Page
   a. Enter email, confirm email, user name, password and confirm password.
   b. There are no password guidelines or restrictions.
   c. Click Submit.
   d. An Alert Message will appear when registration is successful (snip on next page).
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:

![Email Example]

Thank you for registering with the South Dakota Board of Pharmacy. Your user name is TestWholesaler2 and your password has been set as requested. Please do not reply to this email.

5. Return to the User Login page.
   a. To log in, input the User Name and password used to set up the account. Click Login.
   b. You will be directed to the My Profile page.
My Profile Page Information

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

1. **Business Profile Information** section.
   a. Fields in this section include the Business Name, License type, DBA Ownership Type, Responsible Person, and Title.
   b. These fields are non-editable.

2. **Registration Information** section.
   a. Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
   b. These are non-editable fields.
   c. The Renew button is used to Renew the license and when clicked on, takes you to Renewal web page.
   d. Licensee can also **print their license** by clicking on the Print button.

3. **Primary Address** section.
   a. This is the Physical location of the business.
   b. All the fields are non-editable.

4. **Mailing Address Information** section.
   a. This is the mailing address information if this is different from the physical address location.
   b. These are editable fields.
   c. To Edit, click on the Edit button. Make corrections/changes, then click submit.
5. **Contact Information** section.
   a. This section contains the phone number, e-mail, fax etc. of the business.
   b. These are editable fields. 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 application/renewal time period.
   c. To upload a document:
      i. Select the Document type drop down list.
      ii. Use the attach document to select/browse the file from the local folder.
      iii. Then click on the Upload document.
   d. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.

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.

8. **Renewal Details** section.
   a. In this section licensee can check the status of their Renewal application – if licensure is Pending or if it’s Cleared.
   b. If it’s Cleared, then in the Registration information grid will show the updated license expiration date, Last renewal date.
   c. Print your online submitted Renewal form, if needed, by clicking on the printer in the print column.
Trouble Shooting and Other Tips

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

2. Tips
   a. PDF documents are the preferred type of documents for required uploads.
   b. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
   c. This platform does not support the use of a mobile phone.
   d. 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 19 to see how to print your license.

3. Reset Password
   i. At the User Login page, click on Forgot Password.
      
   ii. Upon advancing to the next page, an alert message pops up.
      b. **PLEASE NOTE THIS**: Please be prepared to write down your temporary password after filling out the details.
      c. Click OK.