NON-RESIDENT PHARMACY NEW APPLICATION
INSTRUCTIONS AND INFORMATION NEEDED PRIOR TO LICENSE

General Information
1. License fee is $200.
2. Payment methods – **MasterCard or Visa ONLY**. If you do not have a MasterCard or Visa, purchase a MasterCard or Visa gift card to complete the payment process.
3. For current Statutes and Rules, go to [https://doh.sd.gov/boards/pharmacy/](https://doh.sd.gov/boards/pharmacy/), under Quick Links, in the center, are law book options and links.
4. All licenses will expire June 30. There is no grace period.
5. License renewal period is May 1-June 30.

You need to complete the entire renewal application process from start to finish in one sitting
1. Online system does not retain information entered until the application has been submitted and payment process is completed.
2. Be sure to have information and copies of documents for upload ready **before** beginning the online process.

Required Documents to be Uploaded with Application
1. Current **home state license**, its equivalent, or a written explanation why one is not available. (A primary source verification does fulfill this requirement).
2. Most recent **inspection** conducted in the last 4 years by home state regulatory or other inspecting entity. If one is not available, upload an explanation why.
3. Documentation **corrections** for of all non-compliance noted in the inspection.
4. **DEA certificate** (if dispensing controlled substances).
7. A complete **Description of Type of Pharmacy Practice**, i.e. retail, hospital, compounding, central fill, central processing, etc. including a description of the prescription drugs and services provided to patients in South Dakota.
8. A **list of other state(s)** licensed in.
9. **Court documents** if regulatory question(s) answered yes.
   a. First regulatory question is: 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) that was not been reported on the last renewal.
   b. Second regulatory question is: Has the pharmacy been disciplined in the last four (4) years?
10. If a **Power of Attorney** (POA) granting signing authority is being used, upload that document along with form that is signed using the POA.

After Application Submission Information
**After your application has been submitted, the Board will:**
1. Review the application.
2. Email licensing contact if additional information is needed.
3. Approve or deny the application.
4. Once the license is approved, a no-reply, automated email will be sent.

**Once the new license is approved/issued, a profile account will need to be set up.**
1. Instructions to set up a profile account are at the end of the manual, beginning on page 12.
2. For the profile account, a unique User ID and password for each licensed pharmacy will need to be established.
3. **Retain User ID/password** to have ability to access the licensing platform at any time and to renew the license in the future.

**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 14).
3. Print a payment receipt (instructions on page 14).

**Licensure status** can also be reviewed at: Verification page: [http://doh.sd.gov/boards/pharmacy/verification.aspx](http://doh.sd.gov/boards/pharmacy/verification.aspx)
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 will alert to enter missing fields like below:

```
Alert Message

1. Please Enter First Name
2. Please Enter Email
3. Please Enter Primary Phone Number
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START NEW LICENSE PROCESS HERE

1. Click on this link:  https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=57.
2.1 The below page will open with a link to instructions. Click next to continue.

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NON-RESIDENT INSTRUCTIONS

• For application information, instructions, and forms to upload, please go to this link:  https://doh.sd.gov/boards/pharmacy/pharmacies.aspx
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2. Select New, then click Next

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NEW APPLICATION

• What type of application is this (select one):
  □ New

No license is required if ONLY medical devices which do not contain a legend drug are being shipped into South Dakota.
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3. Pharmacy Information and DEA License. Enter all the required information (marked with red *)
3.1 Complete pharmacy information.
3.2 Type of pharmacy select all that apply.
3.2.1 If other is selected, provide an explanation.

3.3 Type of Prescription Drugs/Product Dispensed, select all that apply.
   3.3.1 If controlled substances is selected, provide DEA license number, expiration date, and upload a copy of your current DEA certificate.
   3.3.2 If other is selected, provide an explanation.

3.4 Description of type of pharmacy practice, upload a document describing type of pharmacy practices (i.e. retail, hospital, compounding, central fill, central processing, etc.) including a description of the prescription drugs and services provided to patients in South Dakota.

3.5 Pharmacist-in-charge, provide name, home state license number, average hours works, email, and phone number.
   3.5.1 Upload notarized affidavit affirming pharmacist-in-charge understands SD Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.

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

3.7 Click next.
4. **Home State License/Inspection**
   4.1 Select your Home State from drop down menu, provide Home State License number and license expiration date.
   4.1.1 **Upload** a copy of your current home state license or its equivalent.
   4.1.2 Other states licensed in. **Upload** a document listing all states licensed in.

4.2 **Inspection**
   4.2.1 Select type of inspection from drop down menu.
   4.2.2 Provide date of inspection. Must be in the last 4 years.
   4.2.3 **Upload** a copy of this inspection.
   4.2.4 Were there any deficiencies in the inspection identified above? Answer yes or no.
   4.2.4.1 If yes, **upload** a document with the inspection corrections.

4.3 Click next.

**HOME STATE LICENSE/INSPECTION**

```
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home State</td>
<td>Select State</td>
</tr>
<tr>
<td>Home State License Number</td>
<td>Home State License Number</td>
</tr>
<tr>
<td>Home State License Expiration</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

Home State license or equivalent document

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Inspection</td>
<td>Select</td>
</tr>
<tr>
<td>Date of last inspection</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

Inspection document, if no inspection or inspection is over 4 years since an inspection, please upload a document stating reason why

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were there any deficiencies in the inspection identified above?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
```

4. **Ownership page. Select the pharmacy’s Type of Ownership.**

5. **Ownership page. Select the pharmacy’s Type of Ownership.**

5.1 If Sole Proprietorship is selected:
   5.1.1 Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).
   5.1.2 Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’ If answered yes, click yes to continue. If answered no, **upload** the notarized Supplement to Application Affidavit.
5.2 If Partnership is selected:

![ Partnership selection screen ]

5.2.1 Click on Click Here to Add More. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

![ Partnership add more screen ]

5.2.2 Attach document that has the partner names and addresses.

5.2.3 Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’ If answered yes, click yes to continue. If answered no, upload the Notarized Supplement to Application Affidavit.

5.3 If Corporation is selected:

![ Corporation selection screen ]

5.3.1 Click on Click Here to Add Corporation.

![ Corporation add more screen ]

5.3.2 Attach document.
5.3.1 Click on Click Here to Add More. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

5.3.2 Attach document that has the partner names and addresses.

5.3.3 Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’ If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

5.4 If LLC is selected:

5.4.1 Click on Click Here to Add More. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

5.4.2 Attach document that has the partner names and addresses.

5.4.3 Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’ If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.
5.5 If **Other** is selected:

5.5.1 Provide the name, address, and phone number of the entity (all fields that have a red asterisk need to be provided).

5.5.2 Attach document that has the partner names and addresses.

5.6 Answer question ‘Is pharmacist-in-charge sole owner of merchandise and fixtures?’

5.6.1 If answered yes, click yes to continue.

5.6.2 If answered no, **upload** the notarized Supplement to Application Affidavit.

5.7 Click next to continue.

6. **Employees** page.

6.1 Check box by each type of employee to indicate if there are pharmacists, technicians, or interns currently working at this location. There will be options to manually input each employee **OR** upload a full listing of pharmacist, technicians, and intern currently working at this location.
6.2 If a manual upload is desired for pharmacists, click on Click here to Add More for Staff Pharmacists, input the pharmacist’s license number and fields will populate.

6.3 If a manual upload is desired for technicians, click on Click here to Add More for Registered Technicians, input the technician’s registration number and fields will populate.

6.4 If a manual upload is desired for interns, click on Click here to Add More for Pharmacist Intern, input the intern’s registration number and fields will populate.

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

7.1 If this location will be reporting to the PDMP and the first box was chosen, click next to continue.

7.2 If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen, choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP. Explanation boxes may have required response(s). Once complete, click next to continue.

8. **Regulatory Question page.**

8.1 Answer yes or no to each question.

8.2 If both questions are answered no, click next to continue.
8.3 If either question is answered yes, an explanation will need to be filled in the explanation box as well as *uploading* of documents regarding the incidents.

8.4 Once complete, click next to continue.

9. **Application Input Preview page.** This is where you can review the application prior to submitting.
   9.1 Use the scroll bar on the right to go through the information. Once reviewed, click next to continue.
   9.2 If there are errors to correct, click on the Previous button to return to the page that needs to have corrections.
   9.3 Once application is reviewed, click next.

10. **Affirm and Submit page.**

    10.1 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.’

    10.2 Type in your E-signature
10.3 Fill in debit/credit, card type (only Visa or Mastercard 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.

10.4 Click on submit.

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

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11. 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.
1. To set up an account and be able to print your license, follow these instructions:
   a. Verify your license number at this link: [https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx](https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx)
   b. Select your type of license/registration type of Nonresident.
   c. Input business name, or city, or zip code, and click box by ‘I’m not a robot’.
   d. Click search.
   e. If the license has been issued, results will appear at the bottom of the page.

2. After confirming your license number, begin setting up your account by clicking on this link ([Bookmark this page](https://sdbop.igovsolution.net/online/User_login.aspx)) as you will use this information to renew your license: [https://sdbop.igovsolution.net/online/User_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx)

3. Click on Sign up as shown below:

4. Registration
   a. Click on Business at the top (see below)
   b. Select permit type (Nonresident)
   c. Put in your permit/license number.
   d. Enter the zip code of the facility.
   e. Click next.
5. Complete credentials information.
   a. Input your email, user name, and password, confirming the password.
   b. **Retain this information for future reference and use – this information will be used to renew your license.**
   c. Click submit.

6. Registration is successful when this alert message appears. Click OK, you will be returned to the log in page.
7. Return to the log in page if you are a new licensee.
   a. As a new licensee, once account is set up, you will return to the log in page or use this link: https://sdbop.igovsolution.net/online/User_login.aspx
   b. Click Business at the top.
   c. Use the User Name and Password to login in at the User Log In page. Click on Login

![User Login Form]

8. To print your license, on the My Profile Page go to the Registration Information section and click on the blue ‘Print’ under certificate. A pdf of your license will download.

![Registration Information]

9. To print a payment receipt, on the My Profile Page go to the Payment History section, click on the printer in the receipt column for the needed receipt. A pdf of your license will download.

![Payment History]