SOUTH DAKOTA
BOARD OF PHARMACY

Nonresident Pharmacies

User Guide and
Initial Application Instructions

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

You need to complete the entire application process from start to finish in one sitting
1. The online system does not retain any 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.
   a. Documentation corrections for all non-compliance noted in the inspection.
3. DEA certificate (if dispensing controlled substances).
6. A list of other state(s) licensed in.
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. 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?
9. 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 a new license is approved/issued, a profile account will need to be set up to print license and for future renewal
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 17, item 2).
3. Print a payment receipt (instructions on page 18, item 7).

Licensure status can also be reviewed on: Verification page: 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, 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.

2. **New Application** page.
   a. Select New box.
   b. Click Next.

3. **License Information and DEA Registration** page.
   a. **Non-Resident Information.** Complete following pharmacy information.
      i. Legal Name of Business (Must be the same as name on DEA certificate, if applicable)
      ii. DBA name, if applicable
      iii. Address 1. Address 2, Address 3, if applicable.
      v. Pharmacy e-mail.
b. **Type of pharmacy.** Select all that apply.
   i. If **other** is selected, provide/input an explanation in the required response box.

c. **Types of Prescription Drugs/Products Dispensed.** Check all that apply.
   i. If **DEA Controlled Substances** is selected:
      i. Provide/input DEA number and expiration date.
      ii. Upload copy of DEA certificate by clicking on Attach Document.
   ii. If **other** is selected, provide/input an explanation in the required response box.

d. **Description of Type of Pharmacy Practice.**
   i. **Upload** description of the prescription drugs and services provided to patients in South Dakota by clicking on Attach Document.

e. **Pharmacist-in-charge (PIC)**
   i. Input PIC’s Name, home state license number, average hours works, PIC email, and PIC phone number.
   ii. **Upload** notarized affidavit affirming pharmacist-in-charge understands SD Laws/Rules and intends to abide by the SD Pharmacy Law/Rules by clicking on Attach Document.

f. **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.

g. Click next when complete.
4. **Home State License/Inspection** page.

   HOME STATE LICENSE/INSPECTION

   - **Home State**: Select
   - **Home State License Number**: Input
   - **Home State License Expiration**: MM/DD/YYYY

   **Home State license or equivalent document**
   - **Attach Document**

   **Other states licensed in**
   - **Attach Document**

   **Inspection**
   - **Type of Inspection**: Select
   - **Date of last inspection**: MM/DD/YYYY

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

   Were there any deficiencies in the inspection identified above?
   - Yes
   - No

   **Inspection correction document(s)**
   - **Attach Document**

   a. Select your **Home State** from drop down menu, provide/input home state license number and license expiration date.
      i. **Upload** a copy of your current home state license or its equivalent by clicking on **Attach Document**.
   b. **Other states licensed in**.
      i. **Upload** a document listing all states licensed in by clicking on **Attach Document**.
   c. **Inspection**
      i. Select type of inspection from drop down menu.
      ii. Provide/input date of inspection. Must be in the last 4 years.
      iii. **Upload** a copy of this inspection by clicking on **Attach Document**.
      iv. Were there any deficiencies in the inspection identified above? Answer yes or no.
         a. If yes, **upload** a document with the inspection corrections by clicking on **Attach Document**.
         v. **Click next**.

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

   OWNERSHIP

   - **Type of Ownership**
     - Sole Proprietorship
     - Partnership
     - Corporation
     - LLC
     - Other
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 next 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 button.

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.

   ii. Provide/input the name, address, and phone number (snip on next page).

   iii. Click Save.
iv. **Upload** document that has the partner names and addresses by clicking on Attach Document.

v. 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.

vi. Once completed, click next to continue.

e. **If Other** is selected:

i. Provide/input 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 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.
6. Employees page.

![Employee page](image)

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

![Registered Technicians](image)

```
Registered Technician Registration Number
Registered Technician Name
Registered Technician Average Hours Worked/Week
```

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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. Click Save.

![Pharmacist Interns](image)

```
Pharmacist Intern Registration Number
Pharmacist Intern Name
Pharmacist Intern Average Hours Worked/Week
```

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

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

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.
8. **Regulatory Question page.**

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

   d. Once complete, click next to continue.

9. **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.
10. **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.

   ![Affirm and Submit](Image)

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

   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.

   ![Alert Message](Image)

   ![Print Application](Image)

   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.

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:

```
SD8OP@govsolution.com
South Dakota Board of Pharmacy Profile Registration

Thank you for registering with the South Dakota Board of Pharmacy. Your user name is TestWholesaler1 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.

   ![Business Profile Information](image)

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.

   ![Registration Information](image)

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

   ![Primary Address](image)

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.

   ![Mailing Address Information](image)
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 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. 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.**
      
   ![User Login Screen]
   
   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.**
      
   ![Alert Message]