

**Notarized Affidavit affirming Pharmacist-in-Charge understands  
South Dakota Pharmacy Laws and Rules and intends to abide by them.**

I, \_\_\_\_\_, Home State PIC License # \_\_\_\_\_, being a pharmacist  
(Pharmacist- in-Charge (PIC) Printed Name)

in good standing registered under the laws of \_\_\_\_\_, hereby apply for the registration of,  
(Home State)

and for a license to conduct \_\_\_\_\_ as described herein and over which I will have full and  
(Pharmacy Name)

complete control in the active management thereof as set forth in this application.

I agree to display the Registered Pharmacy license in a conspicuous place in the pharmacy and to report to the Executive Director of the Board of Pharmacy any change in location of the pharmacy or any change in the ownership of the merchandise and fixtures of the pharmacy within ten days of such occurrence. I will surrender the Registered Pharmacy license for cancellation of the cessation of business as a pharmacy, upon change of ownership, or when the license to conduct a pharmacy has not been transferred as provided by law.

I declare and affirm under the penalties 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, and that the provisions of law and Board of Pharmacy Rules and Regulations relative to conducting a resident/non-resident pharmacy in the home state will be faithfully observed during the period for which a license to conduct pharmacy business in the state of South Dakota shall be issued.

I declare and affirm that I am responsible to ensure data to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is complete and being submitted per SDCL 34-20E-3 unless a waiver/exemption from reporting has been granted. Should the business model make a change to the dispensation of controlled substances, the South Dakota Board of Pharmacy and the SD PDMP will be notified.

\_\_\_\_\_  
Signature of Pharmacist-in-Charge Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Pharmacist-in-Charge Applicant

\_\_\_\_\_  
Title

**NOTARY PUBLIC USE ONLY**

Subscribed and verified before me in the County of \_\_\_\_\_, State of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*My Commission Expires*