SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS
AND INFORMATION NEEDED PRIOR TO LICENSE RENEWAL

General Information
1. License fee is $200 for a Full Time Pharmacy, $160 for a Part Time Pharmacy
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/, under Quick Links, in the center of the page, see the law book options and links.
4. All licenses expire June 30. There is no grace period.
5. License renewal period is May 1-June 30
6. User ID and password must be unique for each license and you should keep track of them.

You need to complete the entire application process from start to finish in one sitting
1. The 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. DEA certificate (if dispensing controlled substances).
4. A list of other state(s) licensed in.
5. 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?
6. If a Power of Attorney (POA) granting signing authority is being used, upload that document along with form that is signed using the POA.
7. If change of ownership application, a diagram/listing previous ownership structure and new ownership structure is needed.

Change of Ownership (CHOW) Information Needed
1. Application for a change of ownership should be submitted if ≥ 50% change of ownership at the parent level or below. If other change of ownership, provide letter to Board.
2. A diagram/listing of previous ownership structure and new ownership structure should be provided.

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.
You must log back into the account at https://sdbop.igovsolution.net/online/User_login.aspx
1. Check application status
2. Print pharmacy license (instructions on page 15).
3. Print a payment receipt (instructions on page 15).

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 Image]

Profile

1. Click on this link (Bookmark this page): [https://sdbop.igovsolution.net/online/User_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx),  
2. On clicking Profile, it will take you to the Online Profile Login – User Login / Sign up page. Click ‘sign up’. Registration screen will then come up. **Note: if registration was set up previously, skip to item #2.4**  

![User Login Image]

2.1 On Registration screen elect the permit type from the drop-down, enter the permit number, enter the Physical Zip (zip code of pharmacy location)
2.2 Click Next and enter the credentials in the below screen and click Submit

2.3 Once user registration is successful, an e-mail will be sent to the e-mail that you provided during your registration with a similar message like below:

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.
2.4 Use the User ID and password to login in the Profile page and it will take you to the MyProfile page like below:

![MyProfile Page Screenshot]

2.5 In the MyProfile page you can edit the information:
- Business Profile Information: In this section the Name of the Business, DBA is captured. Only Business Profile Information, Primary Address, Mailing Address Information, and Contact Information fields are editable.
1. After validating all the information in the MyProfile section click on the Renew icon in the Registration Information section

2. Renewal process will begin on next page after clicking ‘yes’ on the confirmation message

3. It will take you to the Renewal screen where it will show the South Dakota Pharmacy Renewal Instructions. After reviewing instructions, click on Next to begin the renewal.
4. Select application type of Renew and/or Change of Ownership.

<table>
<thead>
<tr>
<th>NEW OR CHANGE OF OWNERSHIP APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of application is this (Check all that apply):</td>
</tr>
<tr>
<td>[ ] Renew</td>
</tr>
<tr>
<td>[ ] Change of Ownership</td>
</tr>
</tbody>
</table>

4.1 If only Renew is selected, click next to continue.

4.2 If Change of Ownership is selected, provide the previous license number and provide a document showing your previous and new ownership structure.

- Change of Ownership
- Previous License Number 100---

- Previous and New Ownership Structure

4.3 Click next to proceed.

5. License Information Page. License Classification information at the top will prepopulate.

5.1 Select all that apply for Type of Practice.

5.2 Either upload a document listing other states licensed in or, if not licensed in any other state, click box ‘No Other States’.

5.3 Once information is complete, click Next.
6. Pharmacy Information page.

   6.1 Under **pharmacist-in-charge**, fill in the pharmacist-in-charge license number as information will then populate. Also, fill in any other information that may have a red asterisk that did not populate.

   6.2 **Upload** the **Notarized Affidavit** affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Laws/Rules.

   ![Pharmacy Information Page]

6.3 License Preparer Information. Answer question either yes or no. If answered yes, then continue by clicking next. If answered no, fill in all information with a red asterisk.

   ![License Preparer Information]

6.4 When complete, click next to continue.

7. Ownership page. Select the pharmacy’s Type of Ownership.

   ![Ownership Page]

7.1 If **Sole Proprietorship** is selected:

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

   7.1.2 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.
7.1.2 Once completed, click next to continue.

7.2 If **Partnership** is selected:

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

7.2.2 Attach document that has the partner names and addresses.

7.2.3 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.

7.2.4 Once completed, click next to continue.
7.3 If **Corporation** is selected:

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

7.3.2 Attach document that has the partner names and addresses.

7.3.3 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.

7.3.4 Once completed, click next to continue.

7.4 If **LLC** is selected:
7.4.1 Click on Click Here to Add LLC. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

![Add more for LLC](image)

7.4.2 Attach document that has the partner names and addresses.

7.4.3 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.

7.4.4 Once completed, click next to continue.

7.5 If Other is selected:

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

7.5.2 Attach document that has the partner names and addresses.

7.5.3 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.

7.5.4 Once completed, click next to continue.
8. **Employees** page.

8.1 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.

8.2 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.

8.3 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.
8.4 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.

8.5 When complete, click next.

9. Prescription Drug Monitoring Program (PDMP) page. Select one of the options.

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

9.2 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.
9.3 Explanation boxes may have required response(s). Once complete, click next to continue.

10. Regulatory Question page.

10.1 Answer yes or no to each question.

10.2 If both questions are answered no, click next to continue.
10.3 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.

10.4 Once complete, click next to continue.

11. Application Input Preview page. This is where you can review the application prior to submitting. Use the scroll bar on the right to go through the information. Once reviewed, click next to continue.

12. Affirm and Submit page. 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.’ Type in your E-signature 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. Click on submit. 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.

13. After the alert message, the completed renewal application will show. Two options are available:
   a. By clicking on My Profile, this will return to the MyProfile page.
   b. This application can be printed by clicking on the printer in the upper right corner.
14. Once application is renewed, a no reply email will be sent.

After the Renewal Process – Helpful Information

After the renewal process has been completed, at any time you can log back into this account to:

1. **Print your license.**
   a. On the MyProfile page in the Registration Information section, click on ‘Print’ to print your license. Licenses are no longer mailed out.

2. **Print a receipt.**
   a. On the My Profile page scroll down to the Payment History section, click on the small printer under the receipt column to the right for the receipt desired.

*Note: Once the license has been renewed, a no-reply email will be sent*