SOUTH DAKOTA
BOARD OF PHARMACY

Wholesale & Other Drug Distributors and
503b Outsourcing Facilities

User Guide and
Initial Application Instructions

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Wholesale & Other Drug Distributors and 503b Outsourcing Facilities Initial Application

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General Information
1. License fee is $250 for all licenses except 503b is $200.
2. Payment methods – Mastercard or Visa ONLY.
3. User ID and password must be unique for each licensed facility once license is approved/issued.
4. License renewal period is November 1-December 31 each year.
5. All licenses will expire December 31 each year. There is no grace period.
6. For current South Dakota Statutes and Rules, go to https://doh.sd.gov/boards/pharmacy/, under Quick Links are law book link options.

You must complete the entire application process from start to finish in one sitting
1. Online system does not retain any information entered until the application has been submitted and payment process is complete.
2. Have all of your information and copies of documents for upload ready before beginning the online application process.

Required Documents to be Uploaded
1. PDF documents are preferred.
2. Current home state license, its equivalent, or a written explanation why one is not available.
3. Most recent home state, FDA, or NABP Drug Distributor Accreditation (formerly VAWD) accreditation conducted within the last 4 years for this facility if home state is not SD. Explain if not available. Include deficiency correction documentation.
   a. If 503B Outsourcing Facility, FDA inspection report and deficiency correction documentation are required.
4. Copy of Federal DEA certificate if dispensing controlled substances.
5. If Virtual Manufacturer, provide:
   a. 3PL name(s), address(es), and copy of agreement(s) first page and signature page only.
   b. Contract Manufacturer name(s), address(es), and copy of agreement(s) first page and signature page only.
   c. Product/NDC List.
6. If Virtual Distributor, provide:
   i. 3PL name(s), address(es), and copy of agreement(s) first page and signature page only.
   ii. Provide NABP Drug Distributor Accreditation (formerly VAWD) accreditation information.
7. A list of other state(s) entity is licensed in.
8. Owner or Corporate Officer Certification,
   a. Form can be found at https://doh.sd.gov/boards/pharmacy/wholesalers.aspx.
   b. If a power of attorney is being used, the power of attorney document(s) must be provided with the Owners or Corporate Officer Certificate Form.
9. If ownership is a partnership, corporation, or LLC, a document listing the partners/officers/members names and addresses.
10. Discipline actions. An explanation of felony, misdemeanor, or disciplinary action(s), if applicable, is required if this occurred in last seven (7) years. Explanation information needed on separate sheet of paper is a signed and dated explanation and copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

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

After the license is approved/issued and the profile account is set up, you will be able to do the following:
1. Print facility license see information on page 16, item #7.
2. Print a payment receipt, see information on page 17, item #12

Licensure status can also be verified at:
General Notes

1. Mandatory fields are marked with a red * in all screens and all those fields have to be entered before clicking on Next.
2. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
3. If mandatory fields are not entered, you will get an alert message that alerts to enter those fields similar to below:

Initial Application Begins Here

1. **Link to begin initial application**: Click on this link: [https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=72](https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=72)

2. **Wholesale and Other Drug Distributors and 503b Outsourcing Instructions** page.
   a. You will be directed the wholesale renewal page with a link to the application information and instructions.
   b. Click Next.
3. Wholesale & Other Drug Distributors Information page.

   a. Wholesale & Other Drug Distributors Information section.
      i. Provide Legal Name of Business, dba (if applicable), Address, Zip, City, State, County (if not in South Dakota, select outside SD), Responsible Person Name, Responsible Person Title, Email, and Phone Number.

   b. Legal name of Parent Company Headquarters/Corporate Office section.
      i. Provide the Name, Address, Zip, City, State, County (if not in South Dakota, select outside SD), and Legal Phone.

   c. License Preparer Information section.
      i. If License Preparer is the same as Wholesale & Other Drug Distributors Information, click the box.
      ii. If License Preparer is different than the Wholesale & Other Drug Distributors Information provided, then provide Contact Name, Contact Title, Company Name, Address, Zip, City, State, County (if not in South Dakota, select outside SD), Email, and Phone.

   d. Type of Distribution section.
      i. Select all that apply.
      ii. If selecting Manufacturing Distributor and/or 503B Outsourcing Facility, a required field for to enter the FDA# needs to be completed.
iii. If selecting **Virtual Manufacturing**, the following information is needed:

1. Enter the **3PL details** by clicking on Click Here to Add More.
   a. A box will come up to enter in the 3PL Name of Business, Address, Zip, City, State, and Country.
   b. Upload a copy of the 3PL agreement (first page and signature page) by clicking on Attach Document.
   c. Upload a copy of the NABP Drug Distributor Accreditation by clicking on Attach Document.
   d. If there are more than one 3PL being used, click on Click here to add more 3PL details. Provide information as in items d.iii.1.a. – d.iii.1.c.

2. Enter **Contract Manufacturer Agreement** (CMA) by clicking on Click Here to Add More.
   a. A box will come up to enter in Name of Business, Address, City, State, Country, and Zip.
   c. Upload a Product/NDC list by clicking on Attach Document.
   d. If there are more than one Contract Manufacturer being used, click on Click here to add more contract manufacturer. Provide information as in items d.iii.2.a. – d.iii.2.c..
iv. If selecting **Virtual Distributor**, the following information is needed:
   1. Enter the **3PL details** by clicking on Click Here to Add More. A box will come up to enter the 3PL Name of Business, Address, Zip, City, State, and Country.
      a. Upload a copy of the 3PL agreement (first page and signature page) by clicking on Attach Document.
      b. Upload a copy of the NABP Dug Distributor Accreditation by clicking on Attach Document.
      c. If there are more than one 3PLs being used, click on Click here to add more 3PL details. Provide information as in items d.iv.1.a. – d.iv.1.b.

vi. If selecting **In State Only Third-Party Logistics Provider**:
   a. Only a third-party logistics provider in South Dakota can be licensed as a Third-Party Logistics Provider.
   b. **Note**: If the licensee is Out of State (i.e.: outside of South Dakota), then you will not see the In State Only – Third Party Logistics provider option under Type of Distribution tab.

vii. If **Other** is selected, a required field to enter an explanation needs to be completed.

viii. When all information is selected, click Next to continue.
e. **Type of Prescription Drugs/Products** section.
   i. Select all that apply.
   ii. If **DEA Controlled Substance** is selected:
      1. Enter the facility DEA number and the South Dakota Controlled Substance number.
   iii. If **Other** is selected, a required field for to enter an explanation needs to be completed.

f. **Types of Customers you sell/distribute** page.
   i. Select all that apply.
   ii. If **Other** is selected, a required field for to enter an explanation needs to be completed.
   iii. When all information is selected/completed, click Next to continue.

4. **Ownership** page.
   a. Select one option: Sole Proprietorship, Partnership, Corporation, LLC, or Other.
   b. If **Sole proprietorship** is selected, click on Click Here. A box will pop up.
      i. Enter Name of Person/Owner, Address (1, 2, 3), Zip, City, State, Phone. All these fields are mandatory. Click Save.
      ii. Click Next to continue.
c. If **Partnership** is selected, click on Click Here. A box will pop up.
   i. Enter Name of Partnership, Address (lines 1, 2, 3), Zip, City, State, and Phone Number. Click Save button. All these fields are mandatory.
   ii. Use the Attach document to upload document containing name and address of the partners.
   iii. Click Next to continue.

d. If **Corporation** is selected, click on Click Here. A box will pop up.
   i. Enter Name of Corporation, Address (1, 2, 3), Zip, city, State, and Phone number. Click Save button. All these fields are mandatory.
   ii. Use the Attach document to upload document containing name and address of the officers.
e. If **LLC** is selected, click on Click Here. A box will pop up.  
   i. Enter Name of LLC, Address (1, 2, 3), Zip, City, State, and Phone Number. Click Save button. All these fields are mandatory.  
   ii. Use the Attach document to upload document containing name and address of the members.  
   iii. Click Next to continue.

f. If **Other** is selected, then you will get a field to enter the explanation in the text box.  
   i. Use the Attach Document to provide partner/member/officer information.
5. **Registered Agent in SD** page.
   a. **Note**: this page will only appear if the licensee is outside of South Dakota.
   b. All the fields are mandatory.
   c. If user needs a list of the SD registered agents, click on the link.

6. **Home State License/Inspection** page.
   a. **Note**: this page will only appear if the licensee is outside of South Dakota.
   b. Home State License section.
      i. Answer question of ‘Do you hold a home state license or its equivalent’ by clicking on the yes or no box.
         1. If no is selected, an explanation box will appear. Provide an explanation in box.
         2. Click on the Attach Document to upload a document that contains the explanation.
      ii. Is answered yes:
          1. Select home state licensed in from the drop-down menu.
          2. Enter the home state license number.
          3. Enter the home state license expiration.
          4. Use the Attach Document to upload a copy of your current home state license or its equivalent.
   c. Home State or Other Inspection section.
      i. Select type of inspection by clicking on box.
      ii. Enter the date of the most recent inspection.
      iii. Use the Attach Document to upload a copy of the most recent inspection.
      iv. Answer the question ‘Were there any deficiencies in the inspection identified above?’
          1. If answered yes, use the Attach Document to upload the inspection corrections documentation.
      v. If the ‘N/A’ option is selected, use the attach document to upload a document stating the reason of no inspection.
   d. NABP Drug Distributor Accreditation (formerly VAWD) section.
      i. Answer NABP Drug Distributor Accreditation (formerly VAWD) Accredited? By clicking on the yes or no box.
         1. If answered yes, provide the expiration date of accreditation.
   e. States Licensed In section.
      i. Either list other states licensed in in the States Licensed in box (separate states by a comma) or click on See attached. If See attached is selected, click on Attach Document to upload a listing of states licensed in.
f. Once all information is filled in and document(s) are uploaded, click Next to continue.

7. **Owner Certification** page.
   a. Use the Attach Document to upload the Owner or Corporate Officer Certification Form.
      i. The Owner or Corporate Officer Certification Form must be signed with original ink or an e-signature will be accepted that is similar to E-Signature by Adobe Sign.
      ii. If a power of attorney is being used, the power of attorney document(s) must be provided with the Owner or Corporate Officer Certificate Form.
   b. Click next to continue.

8. **Disciplinary Actions** page.
   a. Answer yes or no to the question by clicking the box, ‘Have any misdemeanor or felony convictions or disciplinary actions (including pending) been taken against the applicant and/or licensed entity in the last 7 years?’
      i. If answered no, Click Next to continue.
      ii. If answered yes, provide an explanation in the explanation box. Use the Attach Document to upload any legal documentation of the felony, misdemeanor, or disciplinary actions. When complete, click Next to continue.
9. **Application Input Preview** page.
   a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
   b. Use the vertical scroll bar to review the completed application.
   c. Once review is complete, click Next to continue.

![Application Input Preview](image)

10. **Affirm and Submit** page.
    a. Select the checkbox to certify.
    b. Type in full name for the E-Signature.
    c. Date and Fee will auto-populate.
    d. Select Debit or Credit from the drop-down menu.
    e. Select Card Type from drop-down menu.
       i. **Note: Only Mastercard and Visa are accepted.**
    f. Enter the Person’s Name on Card, Card number, Expiration Date, and Security Code.
    g. Click Submit.

![Affirm and Submit](image)

h. If any invalid information was entered, an alert message will appear indicating that your card was invalid.
h. Click on Ok and re-enter the correct information and click on submit to complete the application.
i. 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. Click OK when complete.

11. **Print Application** page.
   a. When application has been submitted, the application can be printed by clicking on the printer button in the upper right-hand corner.
AFTER LICENSE HAS BEEN ISSUED
HOW TO SET UP PROFILE / ONLINE ACCOUNT
MY PROFILE PAGE INFORMATION

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. 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.
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:

```
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.

6. **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.

7. **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.

8. **Primary Address** section.
   a. This is the Physical location of the business.
   b. All the fields are non-editable.
9. **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. To Edit, click on the Edit button. Make corrections/changes, then click submit.

10. **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.

11. **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.

12. **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.
13. **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.
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.

Tips

1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD on the MyProfile page for a new or renewal application.
3. This platform does not support the use of a mobile phone.
4. 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 #7 on page 16 to see how to print your license.