

SOUTH DAKOTA BOARD OF PHARMACY

South Dakota (In-State) Pharmacy

**User Guide and
Renewal Application Instructions
Includes Change of Ownership (CHOW)
Valid through 4/30/2024**



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South Dakota Pharmacy Renewal Application

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General Information

1. License fee: \$200.
2. **All fees are nonrefundable and nontransferable.**
3. Payment methods: **MasterCard, Visa, or American Express ONLY.**
 - a. A gift card for any one of these vendors may be used to complete the payment process.
4. All licenses expire June 30. There is no grace period.
5. 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.
6. Username and password must be unique for each license. Please keep track of each username and password.

Application must be completed in one sitting.

1. Information entered is not captured until application is submitted and payment process is completed.

List of Required Documents for Upload in Application (in order of upload)

Check dates – do not upload expired documents.

1. **DEA certificate**, if shipping controlled substances.
2. **List of all the states** pharmacy is licensed in.
3. **Form-Notarized Affidavit Pharmacist-in-Charge.**
 - a. Link to page where form is located: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
4. **List of pharmacy owners:** owners, partners, officers, and/or member names and titles.
5. **Form – Notarized Supplement to Application.**
 - a. Link to page where form is located: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
6. **List of employees:** staff pharmacists, technicians, and interns names and titles.
7. **Power of Attorney (POA)** document granting signing authority to individual who executed/signed any form above.
 - a. POA should be uploaded with corresponding form.
8. **Court documents**, if “yes” response to regulatory question(s).

Change of Ownership Application (CHOW) Guidance

1. If ownership changes at the parent level or below by 50% or more, a change of ownership application is required.
2. If ownership changes at the grandparent level or above, provide letter to Board.
3. If there is a name change, home state license must show new name.
4. If there is an address change, inspection must be for the new address and location as well as the home state license must reflect the new location/address.
5. A diagram/listing of previous ownership structure and new ownership structure must be provided.

After application submission.

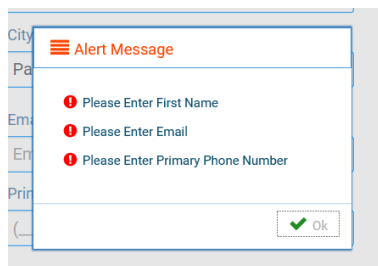
1. Board reviews application, emails submitter if clarification is needed, and approves/denies application.
2. Once approved, a no-reply automated email is sent to submitter.

Instructions to:

1. Check application status: page 8, Renewal Detail section, Status heading.
 - a. Licensure status can also be reviewed at primary verification page:
<https://doh.sd.gov/boards/pharmacy/verification.aspx>
2. Print pharmacy license (two options): page 25 or page 26.
3. Print payment receipt: page 26.
4. Reset a password: page 27.

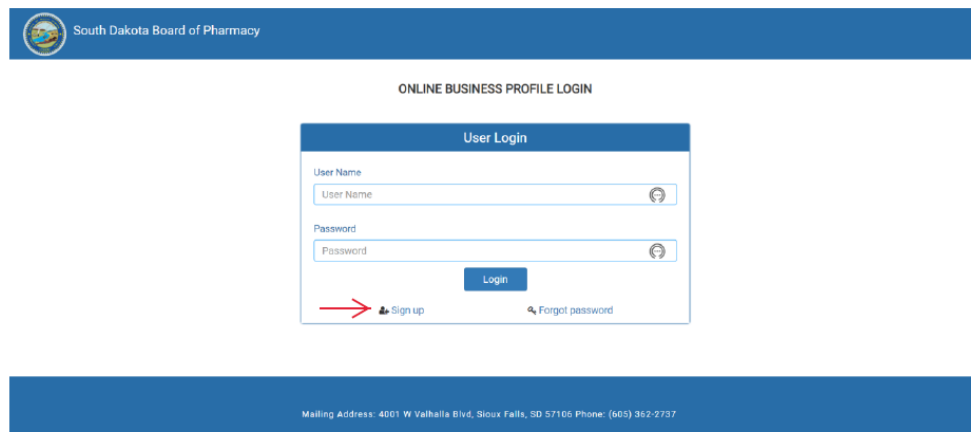
General Notes

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, like below, will alert you to enter missing fields:



Profile/Account Set Up

1. Click on this link (**Bookmark this page**): https://sdbop.igovsolution.net/online/User_login.aspx
 - a. **If this is the first time this license has been renewed**, click on sign up and follow the next steps.
 - b. **If this is not the first time this license has been renewed**, after clicking on above link and entering your user name and password, click log in, then skip to page 6, My Profile Page Information.
 - i. Renewal application information begins on page 9.

The image shows a web page for the South Dakota Board of Pharmacy. At the top is a blue header with the board's logo and name. Below the header is the text "ONLINE BUSINESS PROFILE LOGIN". The main content area contains a "User Login" form. The form has two input fields: "User Name" and "Password", each with a red asterisk indicating it is a required field. Below the "Password" field is a "Login" button. To the left of the "Login" button is a red arrow pointing right, followed by a "Sign up" link. To the right of the "Login" button is a "Forgot password" link. At the bottom of the page is a blue footer with the mailing address: "Mailing Address: 4001 W Yalhallia Blvd, Sioux Falls, SD 57105 Phone: (605) 352-2737".

2. Registration.

- After clicking on sign up, you will be directed to the registration box.
- Permit type: From drop down menu, select type of permit.
- Permit number: Input the last four digits of the permit number.
- Physical Zip Code: Input the zip code of the facility.
- This information must match what is on your current license.
- Click Next.

ONLINE BUSINESS PROFILE

Registration

Step 1 / 2

Please provide the information below.
[Click here to verify your Permit #.](#)

* Permit Type

* Permit #

* Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space.)

[Next](#)

[? Forgot Password](#)

3. Credentials.

- Email: Input email address.
- Confirm email: Input email address used in first line.
- User Name: Input a user name.
- Password: Input a password.
- Confirm password: Input the password from previous line.
 - There are no password guidelines or restrictions.
- Click Submit.
- An Alert Message will appear when registration is successful.

ONLINE BUSINESS PROFILE

Credentials

Step 2 / 2

* Email

* Confirm Email

* User Name

* Password

* Confirm Password

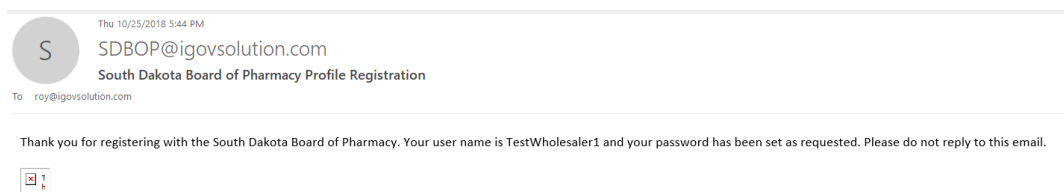
[Previous](#) [Submit](#)

Alert Message

! User registration successful.

[Ok](#)

- 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 as shown below:



5. User Login.

- You will be returned to the user login page after setting up the account.
- User Name: Input the user name and password used to set up the account.
- Click Login.
- You will be directed to the My Profile page.

The screenshot shows the South Dakota Board of Pharmacy website. At the top is a blue header with the board's logo and name. Below it is a section titled "ONLINE BUSINESS PROFILE LOGIN". Inside this section is a "User Login" form with fields for "User Name" and "Password", a "Login" button, and links for "Sign up" and "Forgot password". Below the login section is a blue bar with the mailing address: "Mailing Address: 4001 W Valhalla Blvd, Sioux Falls, SD 57106 Phone: (605) 342-2737". Below this is a "My Profile" button. The "My Profile" page is shown below, with a red note: "(Click the edit buttons to make changes to your information. To renew your license, click on 'Renew' in the Registration Information section.)". The page is divided into two main sections: "Business Profile Information" and "Registration Information". The "Business Profile Information" section has fields for "Business Name", "License Type", and "DBA", each with an "Edit" button. The "Registration Information" section contains a table with columns: Type, License #, Issue Date, Exp Date, Status, Last Renewal Date, and Renewal Certificate. The table has one row with the following data: Type: Full Time, License #: 100+, Issue Date: (blank), Exp Date: (blank), Status: Current/Inactive, Last Renewal Date: (blank), and Renewal Certificate: Renew, Print. Below the table is a link to "Primary Address".

My Profile Page Information

My Profile Section contains eight areas of information for review and/or edit.

1. Business Profile Information section.

- This is a non-editable section.
- Fields in this section include the Business Name, License type, DBA, Ownership Type, Responsible Person, and Title.

The screenshot shows the "Business Profile Information" section of the My Profile page. It has a blue header with the title "Business Profile Information". Below the header is a section titled "Business Profile Information" with fields for "Business Name", "License Type", "DBA", "Responsible Person", "Ownership Type", and "Title". Each field has a text input area and a "Edit" button. Below the fields is a red note: "Please use notification form at the board website to make any changes to the license including pharmacy name, address, or PIC: <https://doh.sd.gov/boards/pharmacy/assets/Non-ResidentPharmNotificationForm0.pdf>".

2. **Registration Information** section.

- This is a non-editable section.
- Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
- The Renew button is used to renew the license. When clicked on, you will be taken to the renewal web page.
- Licensee can also print the facility license by clicking on the Print button.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew	Print

3. **Primary Address** section.

- This is a non-editable section.
- This is the physical location of the pharmacy.

Primary Address

Address Line 1	Address Line 2	Address Line 3
City	State	County
Zip		

4. **Mailing Address Information** section.

- These are editable fields.
- This is the mailing address information if this is different from the physical address location.
- To edit, click on the Edit button. Make corrections/changes, then click submit.

Mailing Address Information (if different from Primary Address)

☐ Check if mailing address is the same as above.

Address Line 1	Address Line 2	Address Line 3
City	State	County
Zip		

Edit

5. **Contact Information** section.

- These are editable fields.
- This section contains the phone number, alternate phone, e-mail, and fax of the business.
- To edit, click on the Edit button. Make corrections/changes, then click submit.

Contact Information

Phone	Alternate Phone	Email
Fax		

Edit

6. **Document Details** section.

- This section contains all the documents uploaded as part of the application/renewal.
- This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
- To upload a document:
 - Document Type: select type of document from the drop-down list.
 - Documents: Click on 'Attach' button to select/browse for the file from the local folder.
 - Upload document: Once document is selected, click on upload document.
- Any documents that are uploaded/showing in this Documents Details section can also be downloaded.

Document Details

Note: Application documents will be uploaded during the application process. This area is to upload documents after application is submitted, if needed

Document Type: Select Documents Attach Upload Document

Date	Document Type	File Name	Download
12/11/2019	Inspection - Out of State		Download
12/11/2019	Renewal		Download
12/11/2019	States licensed in		Download
12/11/2019	Owner or Corporate Officer Certificate Form		Download

7. **Payment History** section.

- This section contains payments made for licensure. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
- To print a receipt, click on the printer in the receipt column for the receipt needed.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
20191211	Credit Card	12/11/		\$250.00	
2018122801	Credit Card	12/28/		\$250.00	
		01/28/		\$200.00	

Page size: 20 Records: 1 - 3 of 3 Pages: 1 of 1

8. **Renewal Details** section.

- In this section, licensee can check the status of their renewal application to see if licensure is Pending or if it is Cleared. If license is cleared, it has been renewed.
- If it is Cleared, in the Registration information grid it will show the updated license expiration date and last renewal date.
- Print your online submitted renewal form, if needed, by clicking on the printer in the print column.

Renewal Details

Order ID	License Number	Renewal Date	Status	E-Signature	Print
201906	100-	06/15/2019	Clear		
2020052	100-		Clear		
202104	100-	04/06/2021	Pending		
202104	100		Clear		

Page size: 20 Records: 1 - 4 of 4 Pages: 1 of 1

Renewal Application Begins Here

1. **Validation of Current Information – My Profile Page.** After logging in and validating all the information in the My Profile section, click on the Renew icon under the Registration Information section, Renewal column.

My Profile

(Click the edit buttons to make changes to your information. To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information

Business Name

License Type

DBA

Edit

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	100+			Current/Inactive		Renew Print

Primary Address

- a. Renewal process will begin on next page after clicking yes on the confirmation message.

Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

Yes

No

2. **South Dakota Pharmacy Renewal Instructions** page.

- a. You will be directed the renewal page with a link for instructions and forms, if needed.
- b. Click Next.

SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS

• For application information, instructions, and forms to upload, please go to this link: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>

Next

3. **Renew or Change of Ownership Application** page.

- a. What type of application is this – check all that apply: Select box in front of application type, either Renew and/or Change of Ownership.
- b. If only Renew is selected, click next to continue.

RENEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this – Check all that apply

☐ Renew

☐ Change of Ownership

Refer to user guide/instructions to determine whether ownership change meets threshold for a change of ownership.

Previous Next

c. If Change of Ownership is selected:

- i. “Do you have either a name change or location change?": Answer by clicking box in front of yes or no.
 1. If answered no: Click on Attach Document to upload the previous and new ownership structure.
 2. If answered yes:
 - i. New Legal Name of Business: Input new legal name of business.
 - ii. DBA name: Input business dba name, if needed.
 - iii. Address 1: Input address of business.
 - iv. Address 2/3: Input additional address information, if needed.
 - v. Zip: Enter business zip code.
 - vi. City: Enter business city if it does not auto populate.
 - vii. State: Enter business state if it does not auto populate.
 - viii. County: Enter business county if it does not auto populate.
 - ix. Pharmacy Email: Enter pharmacy email address.
 - x. Previous license number: Enter previous license number.
 - xi. Previous and New Ownership Structure: Click on Attach Document to upload the previous and new ownership structure by clicking on Attach Document.

d. Click next to proceed.

RENEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this – Check all that apply

☐ Renew

☒ Change of Ownership

Refer to user guide/instructions to determine whether ownership change meets threshold for a change of ownership.

Do you have either a name change or location change? ☒ Yes ☐ No

* New Legal Name of Business

New Legal Name of Business

DBA name

dba

* Address 1

Address 1

Address 2

Address 2

Address 3

Address 3

* Zip

Zip

* City

City

* State

Select State

* County

Select County

* Pharmacy Email

Pharmacy Email

* Previous License Number

100----

* Previous and New Ownership Structure

Attach Document

Previous Next

4. **License Information** page.

a. **License Classification** section.

- i. Information at the top will prepopulate.
- ii. Fax number: Input fax number of pharmacy, if desired.

The screenshot shows the 'License Classification' form. It includes fields for 'Legal Name of Business (must be the same as DEA title, if applicable)', 'DEA Name', 'Address1', 'Address2', 'Address3', 'Zip', 'City', 'State', 'SD', 'County', 'Pharmacy Email', 'Phone Number', and 'Fax Number'.

b. **DEA#** section.

- i. DEA#: Input the DEA certificate number.
- ii. DEA# Expiration Date, if applicable: Input the DEA expiration date in MM/DD/YYYY format.
- iii. DEA Certificate: Click on Attach Document to upload a copy of your DEA certificate.
- iv. No DEA certificate: Click box in front of this statement if this pharmacy does not have a DEA number.

The screenshot shows the 'DEA #' section. It includes fields for 'DEA #' and 'DEA# Expiration Date, if applicable' (MM/DD/YYYY). There is an 'Attach Document' button for the DEA Certificate and a checkbox for 'No DEA license'.

c. **Type of Practice** section.

- i. Type of practice – check all that apply: Click box in front of each item that identifies the type of practice(s) for this pharmacy.
- ii. If other is selected, Explanation: Input an explanation in the explanation box.

The screenshot shows the 'Type of Practice' section. It includes a list of practice types with checkboxes: Retail, Independent, Hospital, Telepharmacy, Sterile Compounding, Non-Sterile Compounding, LTC, Users Central Fill, Central Processor, and Mail Order. The 'Other' option is checked. Below the list is an 'Explanation' text area.

d. **Other states licensed in** section.

- i. Other states licensed in: Click on Attach Document to upload a document listing all other states licensed.
- ii. No Other States: Click box if this pharmacy is not licensed in any other state.

The screenshot shows the 'Other States License In' section. It includes an 'Attach Document' button and a checkbox for 'No Other States'.

e. Once information is complete, click Next.

5. **Pharmacy Information page.**

a. **Pharmacist-in-charge section.**

- i. Pharmacist-in-Charge South Dakota License Number: Input the pharmacist-in-charge South Dakota license number.
 1. If the pharmacist has a reciprocating pharmacist license number that starts with an 'R', input R, then a dash, then the license number (R-XXXX).
- ii. Pharmacist name should populate.
- iii. Average Hours Worked/Week: Input number of hours pharmacist-in-charge works per week.
- iv. Pharmacist-in-Charge Email: Input the pharmacist-in-charge's email address.
- v. Pharmacist-in-Charge Phone Number: Input the pharmacist-in-charge's phone number.
- vi. Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Laws/Rules: Click on Attach Document to upload completed notarized affidavit.

The screenshot shows the 'Pharmacist-in-Charge' section of the application form. It includes input fields for 'Pharmacist-in-Charge South Dakota License Number', 'Pharmacist-in-Charge Name', 'Average Hours Worked/Week', 'Pharmacist-in-Charge Email', and 'Pharmacist-in-Charge Phone Number'. Below these fields is a checkbox for 'Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.' and an 'Attach Document' button.

b. **License Application Preparer Information section.**

- i. "Is Pharmacist-in-Charge filling out this application?": Click box in front of yes or no.
- ii. If answered yes, click next to continue.
- iii. If answered no:
 1. Preparer Name: Input preparer's name.
 2. Preparer Title: Input preparer's title.
 3. Company Name: Input preparer's company name.
 4. Address 1: Input preparer's address.
 5. Address 2/3: Input additional address information, if needed.
 6. Zip: Input preparer's zip code.
 7. City: Input city if it does not auto populate.
 8. State: Input state if it does not auto populate.
 9. Preparer Email: Input preparer's email address.
 10. Preparer Phone Number: Input preparer's phone number.
 11. Preparer Fax Number: Input preparer's fax number.

c. Click next to continue.

The screenshot shows the 'License Application Preparer Information' section of the application form. It includes a checkbox for 'Is Pharmacist-in-Charge filling out this application?' with 'Yes' and 'No' options. Below this are input fields for 'Preparer Name', 'Preparer Title', 'Company Name', 'Address1', 'Address2', 'Address3', 'Zip', 'City', 'State', 'Preparer Email', 'Preparer Phone Number', and 'Preparer Fax Number'.

6. **Ownership page.**

- a. Type of Ownership: Check box in front of sole proprietorship/single-member LLC, partnership, corporation, LLC, or Other.

The screenshot shows the 'OWNERSHIP' section of a form. At the top, there is a header 'OWNERSHIP'. Below it, the section is titled '* Type of Ownership'. There are five radio button options: 'Sole Proprietorship/Single-Member LLC', 'Partnership', 'Corporation', 'LLC', and 'Other'. The 'Sole Proprietorship/Single-Member LLC' option is currently selected. At the bottom left is a 'Previous' button and at the bottom right is a 'Next' button.

b. If **Sole Proprietorship/Single-Member LLC** is selected:

- i. Name: Input name of sole proprietorship/single-member LLC.
- ii. Address 1: Input address of sole proprietorship/single-member LLC.
- iii. Address 2/3: Input additional address information, if needed.
- iv. Zip: Input zip code of sole proprietorship/single-member LLC.
- v. City: Input city of sole proprietorship/single-member LLC if it does not auto populate.
- vi. State: Input state of sole proprietorship/single-member LLC if it does not auto populate.
- vii. Phone number: Input phone number of sole proprietorship/single-member LLC.
- viii. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
 1. If answered yes: Click next to continue.
 2. If answered no:
 - a. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized affidavit.
- ix. Once completed: Click next to continue.

The screenshot shows the 'OWNERSHIP' section of a form with all fields populated. The 'Type of Ownership' section shows 'Sole Proprietorship/Single-Member LLC' selected. Below this, there are input fields for 'Name of Sole Proprietorship', 'Address1', 'Address2', 'Address3', 'City', 'State' (a dropdown menu), 'Zip', and 'Phone number'. There is also a checkbox for 'Is pharmacist-in charge 100% owner of the nonresident pharmacy?' with 'Yes' and 'No' options. At the bottom, there is a section for 'Notarized Supplement to Application Affidavit' with an 'Attach Document' button. At the bottom left is a 'Previous' button and at the bottom right is a 'Next' button.

c. If **Partnership** is selected:

The screenshot shows a web form titled "OWNERSHIP". Under the heading "Type of Ownership", there are five radio button options: "Sole Proprietorship/Single-Member LLC", "Partnership" (which is selected with a green checkmark), "Corporation", "LLC", and "Other". Below this, there is a section titled "Name and Address of Partnership" with a button labeled "Click Here To Add Partnership". Further down, under "Partner/member/officer Information", there are two "Attach Document" buttons. At the bottom of the form, there are "Previous" and "Next" buttons.

- i. Name and Address of Partnership: Click on Click Here to Add Partnership. You will get a pop-up box.
 - a. Name of Partnership: Input name of partnership.
 - b. Address 1: Input address of partnership.
 - c. Address 2/3: Input additional address information of partnership, if needed.
 - d. Zip: Input zip code of partnership.
 - e. City: Input city of partnership if it does not auto populate.
 - f. State: Input state of partnership if it does not auto populate.
 - g. Phone Number: Input phone number of partnership.
 - h. Click Save.

The screenshot shows a pop-up form titled "Add more for partnership". It contains two columns of input fields. The left column includes "Name of Partnership", "Address2", "Zip", "State" (a dropdown menu labeled "Select State"), and "City". The right column includes "Address1", "Address3", "City", and "Phone Number" (with a format guide "() - - "). At the bottom of the form are "Save" and "Cancel" buttons.

- ii. Partner/member/officer information: Click on Attach Document to upload document that has the partner names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

d. If **Corporation** is selected:

OWNERSHIP

* Type of Ownership

☐ Sole Proprietorship/Single-Member LLC ☐ Partnership ☒ Corporation ☐ LLC ☐ Other

Name and Address of Corporation [Click Here To Add Corporation](#)

Partner/member/officer Information

[Attach Document](#)

Notarized Supplement to Application Affidavit

[Attach Document](#)

[Previous](#) [Next](#)

i. Name and Address of Corporation: Click on Click Here to Add Corporation. You will get a pop-up box.

1. Name of Corporation: Input name of corporation.
2. Address 1: Input address of corporation.
3. Address 2/3: Input additional address information of corporation, if needed.
4. Zip: Input zip code of corporation.
5. City: Input city of corporation if it does not auto populate.
6. State: Input state of corporation if it does not auto populate.
7. Phone Number: Input phone number of corporation.
8. Click Save.

Add more for Corporation

* Name of Corporation

Name of Corporation

* Address1

Address1

Address2

Address2

Address3

* Zip

Zip

* City

City

* State

Select State

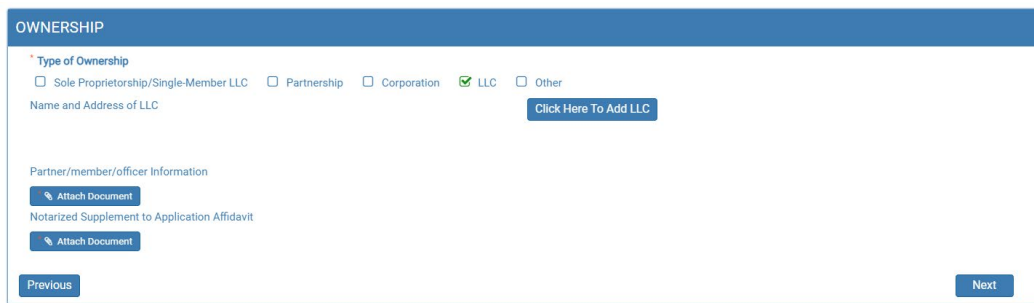
* Phone Number

() - -

[Save](#) [Cancel](#)

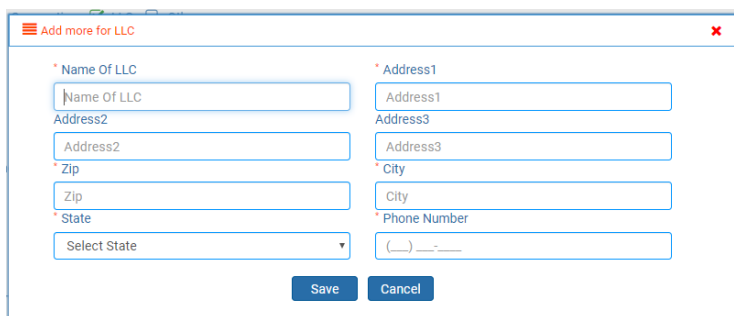
- ii. Partner/member/officer information: Click on Attach Document to upload document that has the officer names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

e. If **LLC** is selected:



i. Name and Address of LLC: Click on Click Here to Add LLC. You will get a pop-up box.

1. Name of LLC: Input name of LLC.
2. Address 1: Input address of LLC.
3. Address 2/3: Input additional address information of LLC, if needed.
4. Zip: Input zip code of LLC.
5. City: Input city of LLC if it does not auto populate.
6. State: Input state of LLC if it does not auto populate.
7. Phone Number: Input phone number of LLC.
8. Click Save.



- ii. Partner/member/officer information: Click on Attach Document to upload document that has the member names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

f. If **Other** is selected:

The screenshot shows a web form titled "OWNERSHIP". Under the heading "Type of Ownership", there are four radio buttons: "Sole Proprietorship/Single-Member LLC", "Partnership", "Corporation", and "LLC", all of which are unselected. The "Other" option is selected, indicated by a green checkmark. Below this, the "Name of Entity" field is a text input box. To the right, there are three address fields: "Address1", "Address2", and "Address3", each a text input box. Below these, there are fields for "City" (two input boxes), "State" (a dropdown menu labeled "Select State"), "Zip" (a text input box), and "Phone number" (a text input box with a placeholder "() - - - -"). At the bottom, there is a section titled "Partner/member/officer Information" with two "Attach Document" buttons. The first button is labeled "Notarized Supplement to Application Affidavit". At the very bottom, there are "Previous" and "Next" buttons.

- i. Name of Entity: Input name of entity.
- ii. Address 1: Input address of entity.
- iii. Address 2/3: Input additional address information of entity, if needed.
- iv. Zip: Input zip code of entity.
- v. City: Input city of entity if it does not auto populate.
- vi. State: Input state of entity if it does not auto populate.
- vii. Phone Number: Input phone number of entity.
- viii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- ix. Once completed: Click next to continue.

8. Employees page.

EMPLOYEES

☒ Staff Pharmacists ☐ None [Click Here To Add More For Staff Pharmacists](#)

☒ Registered Technicians currently working at this location ☐ None [Click Here To Add More For Registered Technicians](#)

☒ Pharmacist Interns currently working at this location ☐ None [Click Here To Add More For Pharmacist Interns](#)

[Or Upload List Below](#)

[Full Listing of Pharmacists, Technicians, and Interns](#) [Attach Document](#)

[Save](#)

- a. There will be options to manually input each employee **OR** to upload a full listing of pharmacist, technicians, and interns currently working at this location.
- b. To upload a full listing of pharmacists, technicians, and intern currently working at this location:
 - i. Check the correct boxes for type of employees at the pharmacy. If there are none, check box in front of none.
 - ii. Full Listing of Pharmacist, Technicians, and Interns: Click on Attach Document to upload document that lists all employees.
- c. To do manual input of each type of employee:
 - i. Staff Pharmacists: Click box in front of staff pharmacists if there are pharmacists working at this location. If there are no staff pharmacists working at this location, click box in front of none.
 1. If a manual input is desired for pharmacists: Click on Click here to Add More for Staff Pharmacists.
 2. Staff Pharmacist Home State License Number: Input the pharmacist's license number.
 - a. If the pharmacist is a reciprocating pharmacist license number that starts with an 'R', input R then a dash, then the license number (R-XXXX).
 3. Staff Pharmacist Name: This field will auto populate.
 4. Staff Pharmacist Average Hours Worked/Week: Input average number of hours worked per week.
 5. Click Save.

Staff Pharmacists

* Staff Pharmacist Home State License Number

* Staff Pharmacist Average Hours Worked/Week

Staff Pharmacist Name

Staff Pharmacist Name

[Save](#) [Cancel](#)

- ii. Registered Technicians currently working at this location: Click box in front of registered technicians currently working at this location if there are technicians working at this location. If there are no technicians working at this location, click box in front of none.
 1. If a manual input is desired for technicians: Click on Click here to Add More for Registered Technicians.
 2. Registered Technician Registration Number: Input the technician's license number.
 3. Registered Technician Name: This field will auto populate.
 4. Registered Technician Average Hours Worked/Week: Input average number of hours worked per week.
 5. Click Save.

Registered Technicians

* Registered Technician Registration Number

* Registered Technician Average Hours Worked/Week

Registered Technician Name

Registered Technician Name

[Save](#) [Cancel](#)

- iii. Pharmacist interns currently working at this location: Click box in front of pharmacist interns currently working at this location if there are interns working at this location. If there are no interns working at this location, click box in front of none.
 1. If a manual input is desired for interns: Click on Click here to Add More for Pharmacist Intern.
 2. Pharmacist Intern Registration Number: Input the intern's license number.
 3. Pharmacist Intern Name: This field will auto populate.
 4. Pharmacist Intern Average Hours Worked/Week: Input average number of hours worked per week.
 5. Click Save.

9. Prescription Drug Monitoring Program (PDMP) page.

- a. Read and understand the information in the first paragraph and each statement that follows.
 - i. Select one of the options by clicking box in front of the statement.

- b. If this location will be reporting to the PDMP and the first box was chosen:
 - i. Days of Operation: Please mark all days that the pharmacy is open.
 1. **Note:** This is only being used for PDMP reporting compliance purposes.

- c. If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen:
- i. Choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP by checking the box in front of the statement(s) that apply.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

☐ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

☒ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

* **Request for Waiver/Exemption from PDMP Reporting** (Check all that apply):

☐ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

☐ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

☐ Other

[Previous](#) [Next](#)

- ii. If Dispenser NEVER dispenses ANY controlled substance in Schedule II, III, and IV (includes CV) in or into State of South Dakota statement was selected: Provide an explanation in the required response box.

* **Request for Waiver/Exemption from PDMP Reporting** (Check all that apply):

☐ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

☒ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

☐ Other

* Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV in, Provide an explanation

Explanation

- iii. If Other is selected: Provide an explanation in the required response box.

* **Request for Waiver/Exemption from PDMP Reporting** (Check all that apply):

☐ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

☐ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

☒ Other

* Explanation(Other)

Explanation

- d. Once complete: Click next to continue.

10. Regulatory Question page.

REGULATORY QUESTION

Since the last renewal has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member 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 reported on the last renewal? ☐ Yes ☐ No

Since the last renewal has the pharmacy been disciplined by any state or federal agency that has not been reported? ☐ Yes ☐ No

Previous Next

- “Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member plead guilty, no contest, or received a suspended imposition of sentence for felony or other criminal offense (excluding minor traffic violations) that was not reported on the last renewal?”: Click the box in front of yes or no.
 - If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
- “Since the last renewal has the pharmacy been disciplined by any state or federal agency that has not been reported?”: Click the box in front of yes or no.
 - If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
- Once complete, click next to continue.

REGULATORY QUESTION

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 reported on the last renewal? ☒ Yes ☐ No

* Court Document(s)
[% Attach Document](#)

Has the pharmacy been disciplined in the last four (4) years by any state or federal entity? ☒ Yes ☐ No

* Attach discipline document(s)
[% Attach Document](#)

Previous Next

11. Application Input Preview page.

- 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.
- Use the vertical scroll bar to review the completed application.
- Once review is complete: Click Next to continue.

APPLICATION INPUT PREVIEW

[SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS](#)

* For application information, instructions, and forms to upload, please go to this link: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>

RENEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this – Check all that apply

☐ Renew

☒ Change of Ownership

Refer to user guide/instructions to determine whether ownership change meet's threshold for a change of ownership.

Do you have either a name change or location change? ☒ Yes ☐ No

* New Legal Name of Business

DBA name

* Address 1 Address 2 Address 3

Previous Next

12. Affirm and Submit page.

- a. Read and understand the 'I declare' statement at the top, then check the affirmation/certify check box.
- b. E-Signature: Enter full name of person filling out the renewal.
- c. Date: This will auto populate.
- d. Fee: This will auto populate.
- e. Debit/Credit: From drop-down menu select debit or credit for type of credit card being used.
- f. Card Type: From drop-down menu select type of credit card you are using.
 - i. **Mastercard, VISA, or American Express only accepted.**
- g. Person's Name on Card: Enter name of person that appears on the credit card.
- h. Card #: Enter Mastercard, Visa, or American Express credit card number.
- i. Expiration date: Enter credit card expiration date in MM/YY format.
- j. Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.
- k. Once confident that the application is complete: Click on Submit.
- l. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**
- m. All application fees are nonrefundable and nontransferable.

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

- o. Once successfully submitted, you will get an auto generated reference number. Note the auto generated reference number for your future reference, if needed.
 - i. Click OK when complete.

13. After the confirmation alert message, the completed renewal application will show. Two options are available:
- By clicking on My Profile, this will return to the My Profile page.
 - This application can be printed by clicking on the printer in the upper right corner.

The screenshot shows the 'NON-RESIDENT PHARMACY RENEW' page of the South Dakota Board of Pharmacy. At the top, there is a blue header with the board's logo, name, and the title 'NON-RESIDENT PHARMACY RENEW'. A 'My Profile' link is in the top right corner. Below this is a 'Print Application' button with a printer icon. The main content area has a blue header with the board's logo, name, and 'SD PHARMACIES LICENSING RENEW'. It contains two sections: 'SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS' with a link to <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>, and 'RENEW OR CHANGE OF OWNERSHIP APPLICATION' with a question 'What type of application is this (Check all that apply):'. There are two checkboxes: 'Renew' (checked) and 'Change of Ownership' (unchecked). A red note at the bottom states: 'Please note that after you click the Submit button, you cannot make changes to your application.'

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.

- On the My Profile page in the Registration Information section, click on 'Print' to print your license.
- Licenses are no longer mailed out.

[My Profile](#)

(Click the edit buttons to make changes to your information. To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information

Business Name

License Type

DBA

Edit

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew Print
Full Time	100+			Current/Inactive		

2. Print a receipt.

- 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.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
201904300	Credit Card	04/30/2019	0000	\$200.00	

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

1. I'm having trouble getting through the licensing process.

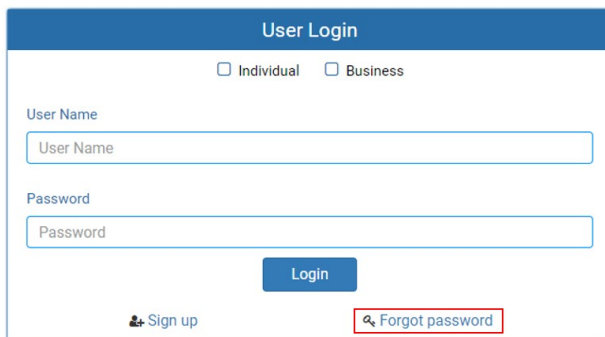
- Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
- This platform does not support the use of a mobile phone.
- If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
- Be sure your pop-up blocker is turned off.
- Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

2. Tips

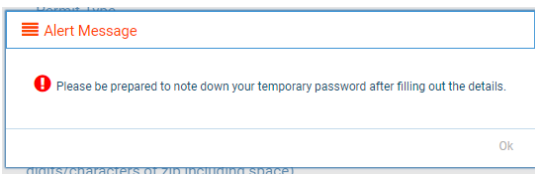
- PDF documents are the preferred type of documents for required uploads.
- Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
- This platform does not support the use of a mobile phone.
- At the top of your licensure documentation, if it includes 'This is a Primary Source Verification' – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #1 on page 24 to see how to print your license.

3. Reset Password

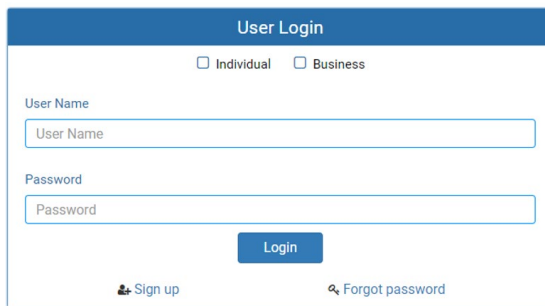
- At the User Login page, click on Forgot Password.



- Upon advancing to the next page, an alert message pops up.
 - PLEASE NOTE THIS:** *Please be prepared to write down your temporary password after filling out the details.*
 - Click OK.



- c. Return to the **User Login** page.
 - i. Select Business at the top.
 - ii. User Name: Enter your User Name.
 - iii. Password: Input the temporary password from the Alert Message. If you copied password into a word document, copy and paste the temporary password into the password text box.
 - iv. Click Log In.



The image shows a 'User Login' form with a blue header. Below the header, there are two radio buttons: 'Individual' and 'Business'. The 'Business' radio button is selected. Below the radio buttons, there are two text input fields: 'User Name' and 'Password'. The 'User Name' field contains the text 'User Name' and the 'Password' field contains the text 'Password'. Below the input fields, there is a blue 'Login' button. At the bottom of the form, there are two links: 'Sign up' with a plus icon and 'Forgot password' with a magnifying glass icon.

- d. **Credentials** Page
 - i. Old Password: Enter your temporary password from the Alert Message as the Old Password. If you copied password into a word document, copy and paste the temporary password into the password text box.
 - ii. New Password: Enter a new password.
 - iii. Confirm the New Password: Enter your new password.
 - iv. Click Submit.
 - v. You will return to the log in page.
 - vi. Enter the User name and new password to continue.