

South Dakota Board of Pharmacy
PHARMACIST-IN-CHARGE TRANSFER FORM – Revised 7/1/2025
Resident (In-State) & Nonresident (Out-of-State) Pharmacies

Directions

1. Complete Pharmacist-in-Charge and Affidavit sections. Wet signature required. Document not required to be notarized.
2. Payment methods – Cashier's check, money order, or business check in the amount of \$50.00 payable to South Dakota Board of Pharmacy.
3. No personal checks or cash accepted.
4. Mail completed form with payment to SD Board of Pharmacy, 4001 W. Valhalla Blvd, Ste 106, Sioux Falls, SD 57106

PHARMACIST-IN-CHARGE - Complete this section

Application is hereby made for the transfer, without additional fee, for pharmacy listed below for the balance of the year ending June 30, 20 _____

Pharmacy Name _____ SD License # _____

Pharmacy Address _____ City _____ State _____ Zip _____

Current PIC Name _____ License # _____ State Licensed in _____ in active management of pharmacy.

New PIC Name _____ License # _____ State Licensed in _____ who is a registered pharmacist in

pharmacy state of domicile, is in good standing in said state, and is to be active management on and after the _____ day of _____, 20 _____.

New PIC Email _____ New PIC Phone number _____

Will new pharmacist be on duty and in charge at all times when this pharmacy is open to the public? _____

Will the pharmacy be maintained in a clean and sanitary condition? _____

The undersigned Registered Pharmacist transferee hereby affirms that all statements made herein are true and correct and that the provision of the law relative to conducting a pharmacy in South Dakota or a non-resident pharmacy, will be faithfully observed during the balance of the period for which this pharmacy permit may be in force.

Signature of New Pharmacist-in-Charge

Date

AFFIDAVIT SECTION – To be completed by business owner/officer/director/managing member

Individual/Sole Proprietor/Single-member LLC or Partnership complete sections (1 & 3)

Corporation complete sections (2 & 3)

State of _____ County of _____

(1) I, _____, being first duly sworn, depose and say that I am the owner of _____ percent of the merchandise and fixtures in the place of business which is licensed by the South Dakota Board of Pharmacy.

(2) I, _____, being first duly sworn, depose and say that I am the _____
Officer Name Title

of _____, a corporation and one of its managing officers / directors; that said corporation is the
Corporation Name
owner of the merchandise and fixtures in the place of business which is licensed by the South Dakota Board of Pharmacy.

(3) That said place of business may be registered as a Pharmacy and conducted in accordance with the laws of the State of South Dakota said Individual/Partnership or Corporation hereby delegates complete responsibility for the pharmaceutical services to Registered Pharmacist-in-Charge,

Name of New Pharmacist-in-Charge License # _____ to have full charge of the merchandise and
PIC License #

fixtures at said place of business in the same manner and to the same degree as though said pharmacist were the sole owner of such merchandise and fixtures. It is further represented and said that if non-pharmacist actively engaged within such Pharmacy, after it is so registered, that such non-pharmacy owner, corporation officer, employee or agent of non-pharmacist owner/corporation will submit to administration and guidance of the Registered Pharmacist-in-Charge named herein in the same manner and to the same degree as though said non-pharmacist owner, corporation officer, employee or agent of non-pharmacist owner/corporation were an employee of the Registered Pharmacist-in-Charge named herein.

Signature of Individual/Sole Proprietor/Single-member LLC/Partnership or Corporate Officer

Date

Print Name of Individual/Sole Proprietor/Single-member LLC/Partnership or Corporate Officer