SOUTH DAKOTA BOARD OF PHARMACY

Nonresident (out-of-state) Pharmacy

Renewal Application
and
Change of Ownership Application
Instructions

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Link - License Information & Applications

Software requirements – for a better user experience we recommend using the most current version of Chrome or IE/Edge. Access to the licensing platform may be affected by the computer technology used and IT constraints you or your agency may have in place, including malware, firewalls, cookies, pop-up blocker, browsers, outdated software, etc. **Do not use a tablet or mobile phone to complete application.**

APPLICATION GENERAL INFORMATION

- License fee $200.
- **All fees are nonrefundable and nontransferable including duplicate and error submissions.**
- Payment methods – MasterCard, Visa or American Express. A gift card for these vendors may be used.
- Application must be completed in one sitting. Information entered is not saved unless application is submitted.
- **DO NOT USE** a mobile phone or tablet to submit application.
- License expires June 30th each year. There is no grace period.
- License renewal period is May 1st - June 30th.
- For Statutes and Rules, go to (SD Laws & Rules).

Pharmacist In Charge - is not required to have a South Dakota pharmacist license.
Medical Devices – entity must be licensed if shipping medical device that contains a legend (prescription) drug.

REQUIRED APPLICATION DOCUMENTS FOR UPLOAD

Save all documents in PDF format.
Do not upload expired documents.
Upload documents only when prompted in the application.

- Business description to include type of business, prescription drugs and services provided to SD patients.
- Federal DEA certificate if shipping controlled substances
- **Form** –Pharmacist-in-Charge affidavit
- Home state license, primary source verification or written explanation why document is not available
- List of States pharmacy is licensed in
- Inspection report < 4 years old, NDDA/VAWD, or written explanation why document is not available
- Inspection deficiency responses if applicable
- List of pharmacy owners, partners, officers, and/or members names and titles
- **Form** – Supplement to Application
- List of staff pharmacist, technician, and intern names and titles
- Power of Attorney (POA) document granting signing authority to individual who executed/signed any document/form.
- Upload POA with corresponding form.
- Court documents, if "yes" response to a regulatory question
- If CHOW application, provide a diagram/listing of pre-ownership and post-ownership structures and ownership percentages for both structures.

CHANGE OF OWNERSHIP APPLICATION (CHOW) GUIDANCE

- If ownership changes at the parent level or below by 50% or more by any method, a change of ownership application is required.
- If ownership changes at the grandparent level or above (indirect change), provide letter to Board.
- If there is a name change, home state license must show new name.
- If there is an address change, inspection must be for the new location/address.

AFTER APPLICATION SUBMISSION

- Board reviews application, emails submitter if clarification is needed, and approves/denies application.
- Check license status using verification site License Verification.
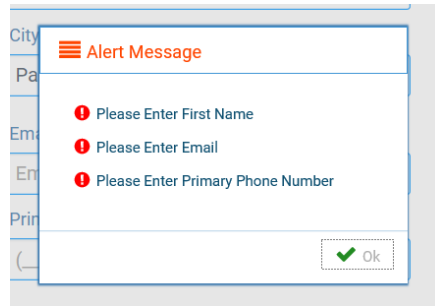- If renewal is approved, a no-reply, automated email is sent to submitter.

General Notes

Required fields are marked with a red * asterisk

An alert message (below) will appear if information is incomplete

You cannot advance to the next page until required fields are completed

Step 1 - Create an Online Account

1. After an initial license is issued, licensee must create an online account before a renewal or a change of ownership application can be submitted.

2. If an online account **is already set-up,** click link https://sdbop.igovsolution.net/online/User_login.aspx, check (Business), enter username, password for account, click (Login), and proceed to STEP 2.

3. If an online account **is not set-up,** click link https://sdbop.igovsolution.net/online/User_login.aspx, and follow steps 4-7 below to create an online account. Then proceed to STEP 2.

4. **Online Business Profile Login Section**
   - Check (Business)
   - Click (Sign Up)

5. **Registration Section**
   - Select permit/license type (Nonresident)
   - Enter the last four digits of permit/license number (400-XXXX)
   - Enter zip code for facility physical address

6. **Credentials Section**
   - There are no password restrictions
   - Username and password created are unique and cannot be used for multiple accounts
   - Write down username and password. Save them for future use.
   - Complete all fields marked with a red * asterisk.
   - Click (Submit).
   - Alert message appears when registration is successful, click (Ok).
   - Automated email confirming account set-up is sent to email address entered in the Credential section.
   - Click (Ok) to continue.

7. **Return to Login**
   - Click link https://sdbop.igovsolution.net/online/User_login.aspx
   - Check (Business)
   - Enter username, password and click (Login)
   - You are now in the **My Profile** section of the online account

Step 2 - My Profile Sections in Online Account (information review)

Data in this section shows the account information on file with the board
Review the information in each of the eight sections for accuracy and/or edit

1. **Business Information Section**
   - Fields cannot be edited

2. **Registration Information Section**
   - Fields cannot be edited
   - To print license, click on the word (Print) in last column

3. **Primary Address Section**
   - Fields cannot be edited and is the physical location of the business

4. **Mailing Address Section**
   - If entity receives mail at a different address, enter it here
   - Fields can be edited
   - Click (Edit) button to make corrections/changes, click (Submit) to capture changes

5. **Contact Information Section**
   - Fields can be edited
   - Click (Edit) to make corrections/changes, click (Submit) to capture changes

6. **Document Details Section**
   - Documents that appear in this section were uploaded in application process and can be downloaded
   - To upload a document, not previously uploaded during application process
     a. Select (Document Type)
     b. Use the (Attach Documents) to browse files and select desire document
     c. Then click (Upload Document)
   - Do not upload the same document twice during the application process

7. **Payment History Section**
   - To print payment receipt, click on (Printer Icon) in last column

8. **Renewal Details Section**
   - Application status can be viewed in Status column (Pending or Clear)
   - (Clear) indicates application has been processed, approved and license is ready to print
   - To print renewal application or CHOW application, click on (Printer Icon) in last column

Step 3 – Begin Renewal or Change of Ownership Application (CHOW)

1. Return to **My Profile** Registration Information Section
   - Click the word (Renew) in second to last column to begin the renewal or CHOW application process.
   - Click (Yes or No)

2. **Non-Resident Instructions Section**
   - Click link to read instructions or (Next) to continue

3. **Renewal or Change of Ownership Application Section**
   - Check (Renew) or (Change of Ownership)
   - Click (Next) to continue

4. **Change of Ownership (CHOW)**
   - If ownership changes at **parent level or below by 50% or more by any method**, complete a CHOW application
   - Change of name or location (Yes or No)
   - Enter entity's South Dakota license number (400-XXXX)
   - Click (Attach Document)
   - Upload document showing pre-ownership and post-ownership structures and ownership percentages

5. **Pharmacy Information and DEA License Section**
   Nonresident Pharmacy Information
   - Legal Name of business must match name as shown on entity's DEA certificate

   Type of Pharmacy
   - Check all that apply, if (**other**), type explanation in text box

   Description of Type of Pharmacy Practice
   - Upload type of pharmacy practice and description of the drugs and services provided to SD patients.

   Types of Prescription Drugs/Products Dispensed
   - Check all that apply, if (**other**), type explanation in text box
   - If entity ships controlled substances, enter DEA certificate number and expiration date
   - Upload DEA certificate – legal name of business must match name as shown on DEA certificate
   - Check box if no DEA

   Pharmacist-in-Charge (PIC)
   - Enter PIC information
   - Upload form PIC affidavit affirming PIC understands SD Laws/Rules

   Application Submitter Information
   - Check correct box for submitter
   - If not PIC, complete fields
   - Board will contact the person listed in this section if there are questions/issues with application

6. **Home State License / Inspection Section**
   Home State License
   - Upload home state license, primary source verification or written explanation why document is not available

   List of Other States Applicant is Licensed in
   - Upload a list of all the States entity is licensed in. Do not upload copies of each state license.

   Inspection
   - Upload Inspection report < 4 years old, NDDA/VAWD, or written explanation why document is not available
   - Check (Yes or No) were deficiencies noted in inspection
   - Upload corrective action responses for deficiencies or 483 observations noted in inspection

7. **Ownership Section**
   - Check Type of Ownership and complete ownership information
   - Click (Click Here) to enter entity's name, address, phone, etc.
   - If PIC owns 100% of the business (sole owner), check (Yes)
   - Upload list of names, titles and addresses for (individual persons) who are owners, partners, officers, and members of entity
   - If PIC is NOT the sole owner, upload form Supplement to Application for Resident/Nonresident Pharmacy. The name of the person executing form must appear on the owner, partner, officer, and member listing.

8. **Employees Section**
   - Check all that apply
   - Upload a list of names, titles, and license numbers for all pharmacists, technicians (certified & noncertified), and interns working at location **or** manually input each individual's information by clicking on (Click here to add - more for staff pharmacists, more for technicians, more for interns).

9. **Prescription Drug Monitoring Program (PDMP) Section**
   - Check option that applies (may dispense controlled substances) **or** (eligible for waiver exemption)
   - If reporting, check days of operation
   - If <u>NOT</u> reporting, check waiver option
   - Provide explanation if required

10. **Regulatory Questions Section**
    - Check (Yes or No)
    - For any question answered Yes, upload pertinent documents regarding incident

11. **Application Input Preview Section**
    - Before submitting, review application input using the scroll bar on right-hand side
    - Click (Next) to continue or (Previous) to return to the page needing correction

12. **Affirm and Submit Section**
    - All application fees are nonrefundable and nontransferable including duplicate and error submissions
    - Check attestation box
    - Type in your E-Signature (application submitter's name)
    - Select (debit/credit), card type (only Mastercard, Visa, or American Express are accepted), name on credit card, card number, expiration date, and 3-digit security code number
    - Check (I'm not a robot)
    - Click (Submit) – online application is completed
    - DO NOT click submit button again – contact the board if you have questions about the submission
    - An alert message appears with a confirmation number for submission
    - Next, the completed application appears; click (the printer icon) in right-hand corner for a copy of application

Step 4 - Trouble Shooting / Tips / Account Password Reset

Having trouble getting through application?
- **Do Not Use** mobile phone or tablet to complete online application.
- Change browsers (Internet Explorer, Google Chrome).
- Computer firewalls and malware software can impact application completion/submission.
- Turn pop-up blockers off

Tips
- Provide documents in PDF format.
- TIF and jpeg document formats do not always open which delays application processing.
- Upload documents only when prompted in the application.
- **DO NOT UPLOAD** documents on the My Profile page that were already uploaded in the application as this will result in duplicate documents in the application.
- If your document says (This is a Primary Source Verification) at the top, **THIS IS NOT YOUR OFFICIAL SOUTH DAKOTA LICENSE.**

Account Password Reset Instructions

Go to Login page (https://sdbop.igovsolution.net/online/User_login.aspx)
- Click (Business)
- Enter your username
- Click (Forgot Password); alert Message appears
- Click (Ok)

At Password Recovery page
- Click (Business)
- Select (License Type)
- Enter (License # as 400-XXXX)
- Enter (zip code for physical location)
- Click (Next)
- A "temporary" password is generated
- Write "temporary" password down or copy and paste temporary password to a Word document to eliminate miss keying.
- Click (Ok)

Return to Login page
- Click (Business)
- Enter username
- Enter "temporary" password in the password field
- Click (Login)

At Credentials page
- Enter "temporary" password in the "Old" password field
- Enter "new" password, confirm new password
- Click (Submit)

Return to Login page
- Click (Business)
- Enter username
- Enter "new" password