



SOUTH DAKOTA BOARD OF PHARMACY
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APPLICATION
for the use of
**AUTOMATED MECHANICAL DISTRIBUTION DEVICES
(AMDD)**

ARSD Chapter 20:51:17. Any pharmacist permittee seeking the use of automated mechanical distribution devices to deliver medications in a healthcare facility/pharmacy must complete the application and be granted approval by the Board of Pharmacy before such device may be used.

Name of Healthcare Facility/Pharmacy _____

Pharmacy License Number _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Fax (____) _____

Type of Business: (Please check) Hospital Clinic Nursing home
 Surgery Center Pharmacy

The pharmacist permittee shall develop and submit policies and procedures to address all situations as required by SDCL 36-11-11(6) and ARSD Chapter 20:51:17.

If granted approval to operate AMDD in the above-licensed pharmacy,

I, _____, pharmacist license number _____, being a pharmacist in good standing registered under the laws of the State of South Dakota, hereby state that I will comply with the laws and regulations governing the use of such AMDD as required by ARSD Chapter 20:51:17.

I declare and affirm under the penalty of perjury that this application has been examined and completed by me and, to the best of my knowledge and belief, is in all things true and correct.

Signature _____ Date _____

Title _____