

SOUTH DAKOTA BOARD OF PHARMACY

Nonresident (Out-of-State) Pharmacy

**User Guide and
Initial Application Instructions**

Valid through 4/30/2024



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Nonresident Pharmacy Initial 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. **Business description** to include type of business, prescription drugs, and services provided to South Dakota patients.
3. **Form-Notarized Affidavit Pharmacist-in-Charge.**
 - a. Link to page where form is located: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
4. **Home state license** or primary source verification.
5. **List of all the states** pharmacy is licensed in.
6. **Inspection report** less than 4 years old or written explanation why inspection is not available.
7. **Inspection deficiency responses**, if applicable.
8. **List of pharmacy owners:** owners, partners, officers, and/or member names and titles.
9. **Form – Notarized Supplement to Application.**
 - a. Link to page where form is located: <https://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
10. **List of employees:** staff pharmacists, technicians, and interns names and titles.
11. **Power of Attorney (POA)** document granting signing authority to individual who executed/signed any form above.
 - a. POA should be uploaded with corresponding form.
12. **Court documents**, if “yes” response to regulatory question(s).

After application submission.

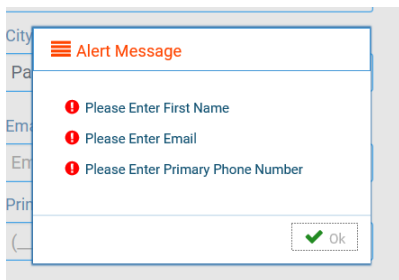
1. Board reviews application, emails submitter if clarification is needed, and approves/denies application.
2. Once approved, a no-reply automated email is sent to submitter.

After License has been issued:

1. How to set up you profile/online account: page
2. Licensure status can also be reviewed at primary verification page:
<https://doh.sd.gov/boards/pharmacy/verification.aspx>
3. Print pharmacy license: page 22. Item 2
4. Print payment receipt: page 23, item 7.
5. Reset a password: page 24.

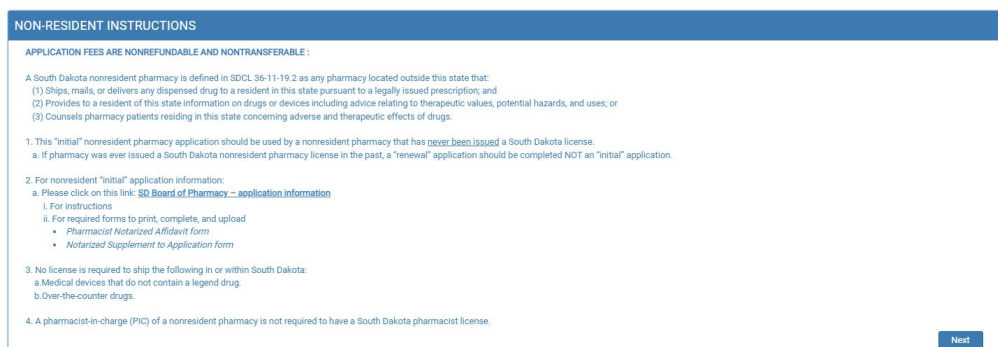
General Notes

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:



Initial Application Begins Here

1. **Link to begin initial application** Click on this link: <https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=62>
 - a. The below page will open with a link to instructions and forms, if needed.
 - b. Click next to continue.

A screenshot of a web page titled "NON-RESIDENT INSTRUCTIONS". The page has a blue header bar with the title. Below the header, the text "APPLICATION FEES ARE NONREFUNDABLE AND NONTRANSFERABLE:" is displayed. The main content area contains several paragraphs of text, including definitions of nonresident pharmacy and instructions for nonresident "initial" applications. At the bottom right of the page is a blue button labeled "Next".

2. **New Application page.**
 - a. Select box in front of New.
 - b. Click Next.

A screenshot of a web page titled "NEW APPLICATION". The page has a blue header bar with the title. Below the header, there is a red asterisk followed by the text "What type of application is this (select one):". Below this text is a single radio button followed by the text "Initial Application for a Nonresident (outside of South Dakota) Pharmacy". At the bottom left of the page is a blue button labeled "Previous", and at the bottom right is a blue button labeled "Next".

3. Pharmacy Information and DEA License page.

a. Non-Resident Pharmacy Information section.

- i. Legal Name of Business (Must be the same as name on DEA certificate, if applicable): Input legal name of business.
- ii. DBA name: Input dba name, if applicable.
- iii. Address 1: Input address of business.
- iv. Address 2, Address 3: Input additional address information, in needed.
- v. Zip: Input zip code of business.
- vi. City: Input city if it does not auto populate.
- vii. State: Input state if it does not auto populate.
- viii. County: Input county if it does not auto populate.
 1. If county is outside of South Dakota, select Outside SD.
- ix. Pharmacy Email: Input pharmacy's email address.
- x. Phone Number: Input business phone number.
- xi. Fax Number: Input business fax number.

The screenshot shows a form titled "Non-Resident Pharmacy Information". It contains several input fields and dropdown menus. The fields are organized into three columns. The first column includes "Legal Name of Business", "Address1", "Zip", "County (If not in SD, select 'Outside SD')", and "Fax Number". The second column includes "Address2", "City", "Pharmacy Email", and "Pharmacy Email". The third column includes "DBA Name (will also appear on SD Non-Resident license)", "Address3", "State", "Phone Number", and "Phone Number".

b. Type of pharmacy 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.

The screenshot shows a form titled "Type of Pharmacy". It contains a list of checkboxes for different types of pharmacies: Retail, Independent, Hospital, Sterile Compounding, Non-Sterile Compounding, LTC, Central fill, Central process, Mail Order, and Other. The "Other" checkbox is selected.

ii. If other is selected:

- a. In explanation box: Input an explanation in the required response box.

The screenshot shows the "Type of Pharmacy" form with the "Other" checkbox selected. Below the checkboxes is a text box labeled "Explanation" for providing details about the selected pharmacy type.

c. **Types of Prescription Drugs/Products Dispensed** section.

- i. Type of prescription drugs/products dispensed – check all that apply: Click box in front of each item that identifies each type of drugs/products dispensed by this pharmacy.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

☐ DEA Controlled Substance

☐ Noncontrolled prescription drugs ("federal legend")

☐ Nonsterile compounds

☐ Sterile compounds

☐ Consulting services only-no medications dispensed

☐ Other

ii. If **DEA Controlled Substances** is selected:

1. Current DEA License Number: Input DEA number.
2. DEA License Expiration Date: Input DEA license expiration date in MM/DD/YYYY format.
3. Upload copy of DEA Certificate: Click on Attach Document to upload a copy of the current DEA certificate.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

☒ DEA Controlled Substance

☐ Noncontrolled prescription drugs ("federal legend")

☐ Nonsterile compounds

☐ Sterile compounds

☐ Consulting services only-no medications dispensed

☐ Other

* Current DEA License Number:

* DEA License Expiration Date:

Upload copy of current DEA Certificate

iii. If **Other** is selected:

1. Explanation for Other Type of Prescription Drugs/Products Dispensed: Input an explanation in the required response box.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

☐ DEA Controlled Substance

☐ Noncontrolled prescription drugs ("federal legend")

☐ Nonsterile compounds

☐ Sterile compounds

☐ Consulting services only-no medications dispensed

☒ Other

* Explanation for Other Type of Prescription Drugs/Products Dispensed

d. **Description of Type of Pharmacy Practice** section.

- i. Type of Pharmacy Practice including description of the prescription drugs and services provided to patients in South Dakota: Click on Attach Document to upload document that contains the description of the prescription drugs and services provided to patients in South Dakota.

Description of Type of Pharmacy Practice

Type of Pharmacy Practice including description of the prescription drugs and services provided to patients in South Dakota.

e. **Pharmacist-in-charge** section.

- i. Pharmacist in Charge Name: Input pharmacist-in-charge's name.
- ii. Pharmacist-in-Charge Home State License Number: Input the pharmacist-in-charge's home state professional license number.
- iii. Average Hours Worked/Week: Input average number of hours pharmacist-in-charge works per week.
- iv. Pharmacist-in-Charge Email: Input pharmacist-in-charge's email address.
- v. Pharmacist-in-Charge Phone Number: Input 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 Law Rules: Click on Attach Document to upload completed notarized affidavit.

The screenshot shows the 'Pharmacist-in-Charge' section of the application form. It includes a blue header bar with the title. Below the header, there are three columns of input fields. The first column contains 'Pharmacist-in-Charge Name' and 'Pharmacist-in-Charge Email'. The second column contains 'Pharmacist-in-Charge Home State License Number' and 'Pharmacist-in-Charge Phone Number'. The third column contains 'Average Hours Worked/Week'. Below these fields, there is a line of text: 'Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.' and a button labeled 'Attach Document'.

f. **License Application Preparer Information** section.

- i. Prepared by Pharmacist-in-Charge: Check box if pharmacist-in-charge is filling out the application.
 1. Click Next.
- ii. If above box was not selected, complete the following information:
 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/Address 3: Input additional address information, if needed.
 6. Zip: Input preparer's zip code.
 7. City: If city does not auto-populate, input preparer's city.
 8. State: If state does not auto-populate, input preparer's state.
 9. County: If county does not auto-populate, input preparer's county.
 - a. If county is outside of South Dakota, select Outside SD.
 10. Preparer Email: Input preparer's email.
 11. Preparer Phone Number: Input preparer's phone number.
 12. Preparer Fax Number: Input preparer's fax number, if available.

The screenshot shows the 'License Application Preparer Information' section of the application form. It includes a blue header bar with the title. Below the header, there is a checkbox labeled 'Prepared by Pharmacist-in-Charge'. Below this, there are three columns of input fields. The first column contains 'Preparer Name', 'Address1', 'Address2', 'Zip', and 'County'. The second column contains 'Preparer Title', 'Address2', 'Address3', 'City', and 'Preparer Email'. The third column contains 'Company Name', 'Address2', 'Address3', 'State', and 'Preparer Phone Number'. Below these fields, there is a line of text: 'Preparer Fax Number'.

- g. Click Next when complete.

4. Home State License/Inspection page.

a. Home State License section.

- i. Home State: From drop-down menu, select state pharmacy is licensed in.
- ii. Home State License Number: Input the home state pharmacy license number.
- iii. Home State License Expiration: Input home state pharmacy license expiration date in MM/DD/YYYY format.
- iv. Home State license or equivalent document: Click on Attach Document to upload a copy of the current home state pharmacy license.
- v. Other states licensed in: Click on Attach Document to upload a document that lists all other states this pharmacy may be licensed in.

The screenshot shows the 'Home State License' section of a web form. It includes three input fields: 'Home State' (a dropdown menu with 'Select State' as the placeholder), 'Home State License Number' (a text box), and 'Home State License Expiration' (a text box with 'MM/DD/YYYY' as a placeholder). Below these fields are two 'Attach Document' buttons. The first button is labeled 'Home State license or equivalent document' and the second is labeled 'Other states licensed in'.

b. Inspection section.

- i. Type of Inspection: From drop-down select type of inspection being submitted.
 1. Options will be: Home State, Other State, NABP/VPP/VIPPS, No inspection, or Other.
- ii. Date of last inspection: Input date of inspection in MM/DD/YYYY format.
- iii. Inspection document, if no inspection or inspection is over 4 years since an inspection, please upload document stating reason why: Click on Attach Document to upload inspection or document with explanation.

The screenshot shows the 'Inspection' section of a web form. It includes two input fields: 'Type of Inspection' (a dropdown menu with 'Select' as the placeholder) and 'Date of last inspection' (a text box with 'MM/DD/YYYY' as a placeholder). Below these fields is an 'Attach Document' button labeled 'Inspection document, if no inspection or inspection is over 4 years since an inspection, please upload a document stating reason why'. At the bottom, there is a question: 'Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?' with 'Yes' and 'No' checkboxes.

- iv. Were there any deficiencies/corrections required based on inspection identified above including any 483 observations: Click yes or no box.

1. If yes box is selected:

- a. Inspection correction document(s): Click on Attach Document to upload inspection correction document(s).

The screenshot shows the 'Inspection correction document(s)' section of a web form. It includes an 'Attach Document' button. Above the button is a question: 'Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?' with 'Yes' and 'No' checkboxes. The 'Yes' checkbox is checked.

c. Once completed, click next.

5. **Ownership page.**

- a. Type of Ownership: Click box in front of Sole Proprietorship/Single-Member LLC, Partnership, Corporation, LLC or Other.

The screenshot shows the 'OWNERSHIP' section of a form. Under 'Type of Ownership', there are five radio button options: 'Sole Proprietorship/Single-Member LLC', 'Partnership', 'Corporation', 'LLC', and 'Other'. 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. County: Input county of sole proprietorship/single-member LLC if it does not auto populate.
 1. If county is outside of South Dakota, select Outside SD.
- viii. Phone number: Input phone number of sole proprietorship/single-member LLC.
- ix. "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.
 - a. If answered no: Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized affidavit.
- x. Once completed: Click next to continue.

This screenshot shows the 'OWNERSHIP' page with 'Sole Proprietorship/Single-Member LLC' selected. The form includes input fields for Name, Address1, Address2, Address3, Zip, City, State (a dropdown menu), and County (a dropdown menu). There is also a Phone Number field with a format guide '() - .'. Below these fields is a question: 'Is the pharmacist-in-charge 100% owner of the nonresident pharmacy?' with 'Yes' and 'No' radio buttons. At the bottom, there is a section for 'Notarized Supplement to Application Affidavit' with an 'Attach Document' button. 'Previous' and 'Next' buttons are at the bottom corners.

c. If **Partnership** is selected:

The image shows a web form titled "OWNERSHIP". Under "Type of Ownership", the "Partnership" option is selected with a green checkmark. Other options include "Sole Proprietorship/Single-Member LLC", "Corporation", "LLC", and "Other". Below this, there is a section for "Name and Address of Partnership" with a "Click Here" button. Further down, there are two "Attach Document" buttons: one for "Attach Name and Address of Partners" and another for "Notarized Supplement to Application Affidavit". At the bottom of the form are "Previous" and "Next" buttons.

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

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

The image shows a pop-up box titled "Add more for partnership". It contains two columns of input fields. The left column includes: "Name of Partnership" (text box), "Address2" (text box), "Zip" (text box), and "State" (dropdown menu with "Select State" selected). The right column includes: "Address1" (text box), "Address3" (text box), "City" (text box), and "Phone Number" (text box with a format guide "() - - "). At the bottom of the pop-up 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](#)

Attach Name and Address of Corporate Officers. [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

* Address1

Address2

Address3

* Zip

* City

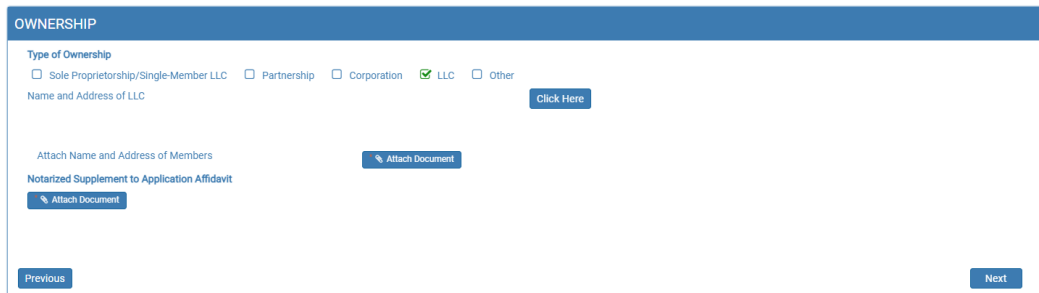
* State

* Phone Number

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

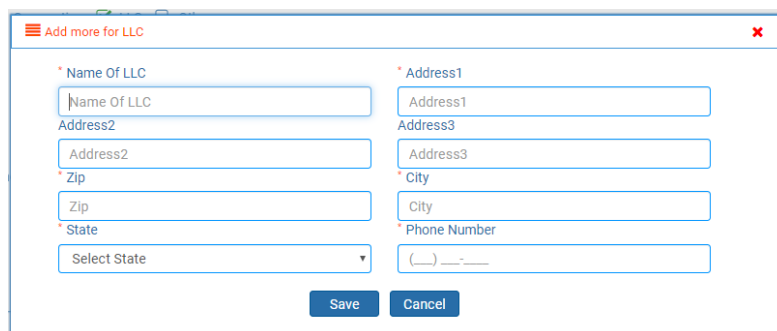
- ii. Partner/member/officer information: Click on Attach Document to upload document that has the officer names and addresses.
- iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click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

e. If **LLC** is selected:



The screenshot shows the 'OWNERSHIP' section of a form. Under 'Type of Ownership', the 'LLC' option is selected with a green checkmark. Below this, there are two sections: 'Name and Address of LLC' with a 'Click Here' button, and 'Attach Name and Address of Members' with an 'Attach Document' button. A third section, 'Notarized Supplement to Application Affidavit', also has an 'Attach Document' button. At the bottom, there are 'Previous' and 'Next' buttons.

- i. Name and address of LLC: Click on Click Here. 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.



The screenshot shows a pop-up box titled 'Add more for LLC'. It contains two columns of input fields. The left column has fields for 'Name Of LLC', 'Address2', 'Zip', and 'State' (a dropdown menu). The right column has fields for 'Address1', 'Address3', 'City', and 'Phone Number' (a field with a format guide '() - -'). At the bottom, there are 'Save' and 'Cancel' buttons.

- 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:

OWNERSHIP

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

* Name of Entity
Name of Entity

* Address1
Address1

Address2
Address2

Address3
Address3

* Zip
Zip

* City
City

* State
Select State

* Phone Number
() - -

* State Type of Entity
Please Enter Explanation

Partner/member/officer information [Attach Document](#)

Notarized Supplement to Application Affidavit [Attach Document](#)

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

- 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. County: Input county of entity if it does not auto populate.
- viii. Phone Number: Input phone number of entity.
- ix. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- x. Once completed: Click next to continue.

6. 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](#)

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

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

- 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 home state license number.
 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.
 6. If there additional staff pharmacists, repeat this process to enter the additional pharmacists.

Staff Pharmacists

* Staff Pharmacist License #

* Staff Pharmacist Name

* Staff Pharmacist Average Hours Worked/Week

[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: Input technicians' name.
 - 4. Registered Technician Average Hours Worked/Week: Input average number of hours worked per week.
 - 5. Click Save.
 - 6. If there additional technicians, repeat this process to enter the additional technicians.

Registered Technicians

* Registered Technician Registration Number

Registered Technician Name

Registered Technician Registration Number

Registered Technician Name

* Registered Technician Average Hours Worked/Week

Registered Technician Average Hours Worked/Week

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: Input pharmacist intern's name.
 - 4. Pharmacist Intern Average Hours Worked/Week: Input average number of hours worked per week.
 - 5. Click Save.
 - 6. If there are additional pharmacist interns, repeat this process to enter the additional pharmacist interns.

Pharmacist Interns

* Pharmacist Intern Registration Number

Pharmacist Intern Name

Pharmacist Intern Registration Number

Pharmacist Intern Name

* Pharmacist Intern Average Hours Worked/Week

Pharmacist Intern Average Hours Worked/Week

Save Cancel

- d. When complete, click next.

7. **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.

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.

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

- 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.

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.

* Days of Operation: Please mark all days that the pharmacy is open.
**This is only being used for PDMP reporting compliance purposes.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Saturday ☐ Sunday

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

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- 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

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- 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.

8. Initial Regulatory Questions page.

INITIAL REGULATORY QUESTIONS

Have you, or any other managing officer, director, owner, 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)? ☐ Yes ☐ No

Has the pharmacy been disciplined in the last three (3) years by any state or federal agency? ☐ Yes ☐ No

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- “Have you, or any other managing officer, director, owner, 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)?”: 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).
- “Has the pharmacy been disciplined in the last three (3) years by any state or federal agency?”: Click 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.

INITIAL REGULATORY QUESTIONS

Have you, or any other managing officer, director, owner, 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)? ☒ Yes ☐ No

Management Discipline Documentation

[Attach Document](#)

Has the pharmacy been disciplined in the last three (3) years by any state or federal agency? ☒ Yes ☐ No

Attach Pharmacy Disciplinary Documents

[Attach Document](#)

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

9. 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 scroll bar on the right to go through the information.
- If there are errors to correct: click on the Previous button to return to the page that needs to have corrections made.
- Once review is complete: Click next to continue.

APPLICATION INPUT PREVIEW

NON-RESIDENT INSTRUCTIONS

APPLICATION FEES ARE NONREFUNDABLE AND NONTRANSFERABLE:

A South Dakota nonresident pharmacy is defined in SDCL 36-11-19.2 as any pharmacy located outside this state that:

- (1) Ships, mails, or delivers any dispensed drug to a resident in this state pursuant to a legally issued prescription; and
- (2) Provides to a resident of this state information on drugs or devices including advice relating to therapeutic values, potential hazards, and uses; or
- (3) Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

1. This "initial" nonresident pharmacy application should be used by a nonresident pharmacy that has never been issued a South Dakota license.
 - a. If pharmacy was ever issued a South Dakota nonresident pharmacy license in the past, a "renewal" application should be completed NOT an "initial" application.
2. For nonresident "initial" application information:
 - a. Please click on this link: [SD Pharmacy Board - pharmacy issues - SD Dept. of Health](#)
 - i. For instructions
 - ii. For required forms to print, complete, and upload
 - Pharmacist Notarized Affidavit form
 - Notarized Supplement to Application form
3. No license is required to ship the following in or within South Dakota:
 - Out of state prescriptions for controlled substances
 - Out of state prescriptions for Schedule II-V controlled substances
 - Out of state prescriptions for Schedule VI controlled substances

Previous Next

10. Affirm and Submit page.

- Read and understand the statement at the top, then check the affirmation/certify check box.
- E-Signature: Enter full name of person filling out the renewal.
- Date: This will auto populate.
- Fee: This will auto populate.
- Debit/Credit: From drop-down menu select debit or credit for type of credit card being used.
- Card Type: From drop-down menu select type of credit card you are using.
 - Mastercard, VISA, or American Express only accepted.**
- Person's Name on Card: Enter name of person that appears on the credit card.
- Card #: Enter Mastercard, Visa, or American Express credit card number.
- Expiration date: Enter credit card expiration date in MM/YY format.
- 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.
- Once confident that the application is complete: Click on Submit.
- 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.**
- All application fees are nonrefundable and nontransferable.

AFFIRM AND SUBMIT

☐ I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the Board. I declare and affirm under the penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

* E-Signature * Date * License Fee

E-Signature 04/12/2022 \$200.00

* Debit /Credit * Card Type

Select Select Card Type

* Person's Name on Card * Card #

Person's Name on Card Card #

* Expiration Date (MM/YY) * Security code (3-digit number or 4-digit number if American Express/Amex)

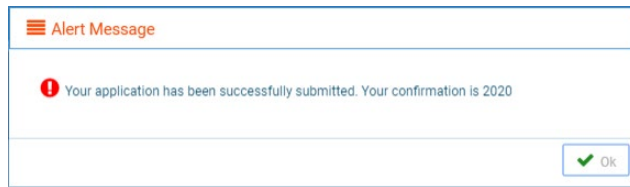
MM/YY Security Code

All application fees are nonrefundable and nontransferable.

Previous Submit

Please note that after you click the Submit button, you cannot make changes to your application.

- 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.

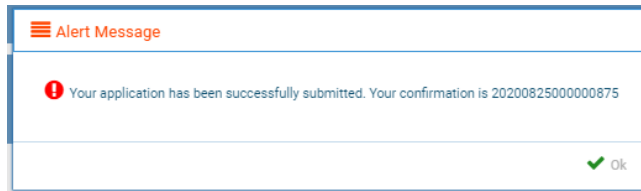


Alert Message

 Your application has been successfully submitted. Your confirmation is 2020

 Ok

- 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.

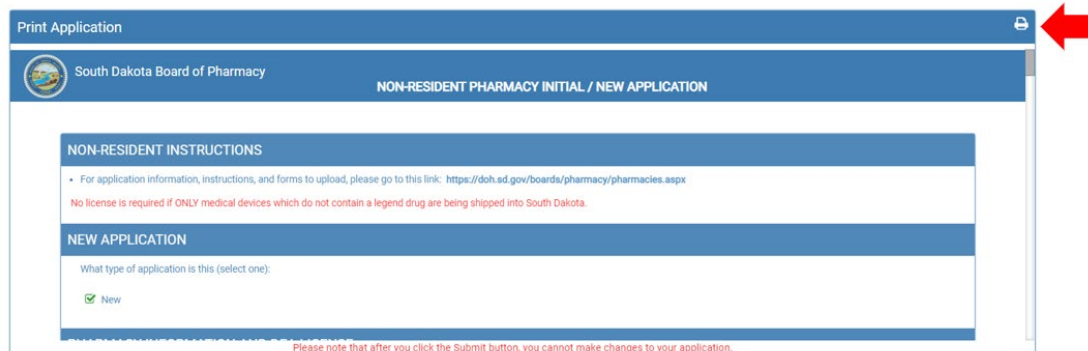


Alert Message

 Your application has been successfully submitted. Your confirmation is 20200825000000875

 Ok

11. After the confirmation alert message, the completed renewal application will show.
- a. This application can be printed by clicking on the printer in the upper right corner.



Print Application 

 South Dakota Board of Pharmacy NON-RESIDENT PHARMACY INITIAL / NEW APPLICATION

NON-RESIDENT INSTRUCTIONS

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

No license is required if ONLY medical devices which do not contain a legend drug are being shipped into South Dakota.

NEW APPLICATION

What type of application is this (select one):

☒ New

Please note that after you click the Submit button, you cannot make changes to your application.

See next page for information needed after license is issued.

After License has been issued

How 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. This link will be needed to renew your license.
 - b. Click on sign up and follow the next steps.

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name

Password

Login

Sign up

Forgot password

Mailing Address: 4001 W Valley Blvd, Sioux Falls, SD 57106 Phone: (605) 369-2707

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

ONLINE BUSINESS PROFILE

Registration Step 1 / 2

Please provide the information below.
Click here to verify your Permit #.

Permit Type

Select License Type

Permit #

Physical Zip Code (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
Email

* Confirm Email
Confirm Email

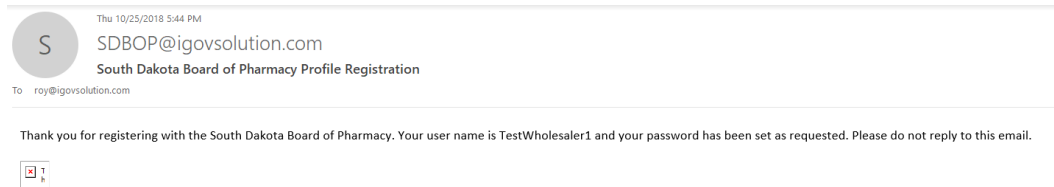
* User Name
User Name

* Password
Password

* Confirm Password
Confirm Password

Previous Submit

- Once user registration is successful, an automated e-mail will be sent to the e-mail that you provided during your registration, like 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.

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name
User Name

Password
Password

Login

Sign up Forgot password

Working Address: 4001 W. Nicholas Blvd, Sioux Falls, SD 57104 Phone: (605) 342-2767

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 Name
Business Name

License Type
License Type

Registration Information

Type	Licensed #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Conditions
Full Time	100+			Current/Inactive		Renew Print

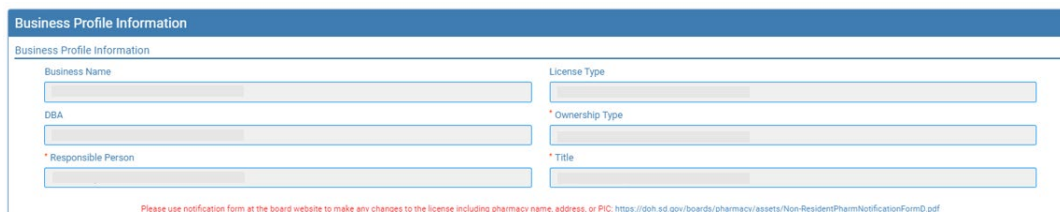
Documents & Notices

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 Business Profile Information form contains the following fields:

- Business Name
- License Type
- DBA
- * Ownership Type
- * Responsible Person
- * Title

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.

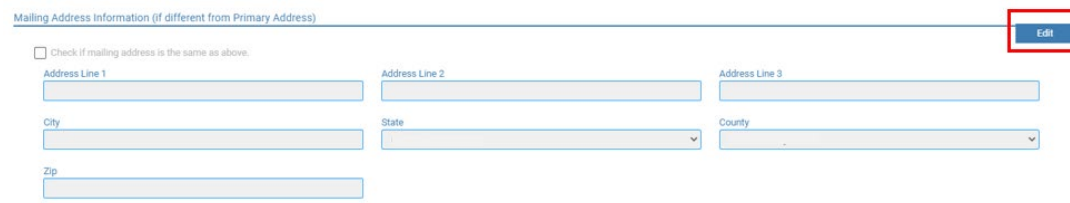


The Primary Address form contains the following fields:

- 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.



The Mailing Address Information form contains the following fields:

- ☐ Check if mailing address is the same as above.
- Address Line 1
- Address Line 2
- Address Line 3
- City
- State
- County
- Zip
- Edit** button

5. **Contact Information** section.

- These are editable fields.

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

Contact Information

Phone	Alternate Phone	Email	Edit
Fax			

6. Document Details section.

- a. This section contains all the documents uploaded as part of the application/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. Document Type: select type of document from the drop-down list.
 - ii. Documents: Click on 'Attach' button to select/browse for the file from the local folder.
 - iii. Upload document: Once document is selected, click on upload document.
- d. 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.

- 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.

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.

- a. 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.
- b. If it is Cleared, in the Registration information grid it will show the updated license expiration date and last renewal date.
- c. 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

Trouble Shooting and Other Tips

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

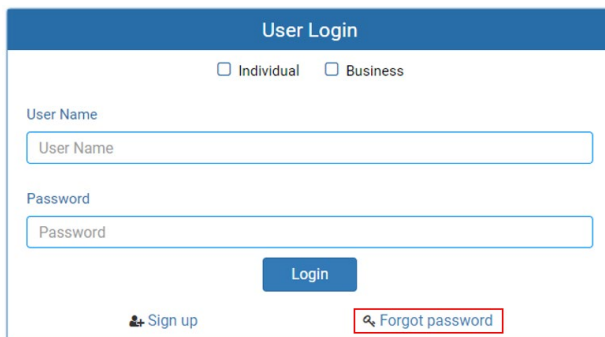
- Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
- This platform does not support the use of a mobile phone.
- If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
- Be sure your pop-up blocker is turned off.
- Firewalls or anti-malware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

2. Tips

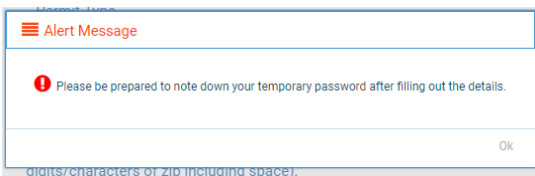
- PDF documents are the preferred type of documents for required uploads.
- Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
- This platform does not support the use of a mobile phone.
- At the top of your licensure documentation, 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

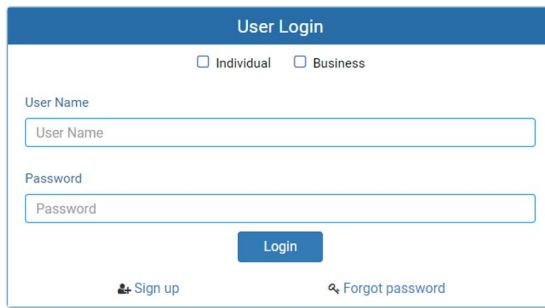
- At the User Login page, click on Forgot Password.



- 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.



- Return to the **User Login** page.
 - Select Business at the top.
 - User Name: Enter your User Name.
 - 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.
 - Click Log In.

A screenshot of a 'User Login' form. At the top is a blue header with the text 'User Login'. Below the header are two radio buttons: 'Individual' and 'Business'. The 'Individual' radio button is selected. Below the radio buttons are two text input fields. The first is labeled 'User Name' and contains the placeholder text 'User Name'. The second is labeled 'Password' and contains the placeholder text 'Password'. Below the password field is a blue 'Login' button. At the bottom of the form are two links: 'Sign up' with a person 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.