# 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.**

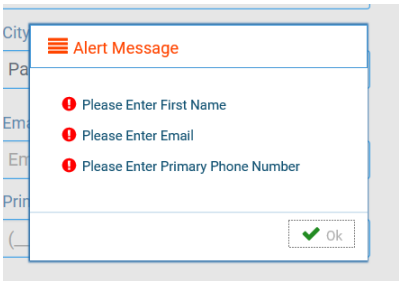
1. Board reviews application, emails submitter if clarification is needed, and approves/denies application.
2. Once approved, a no-reply automated email is sent to submitter.

**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.

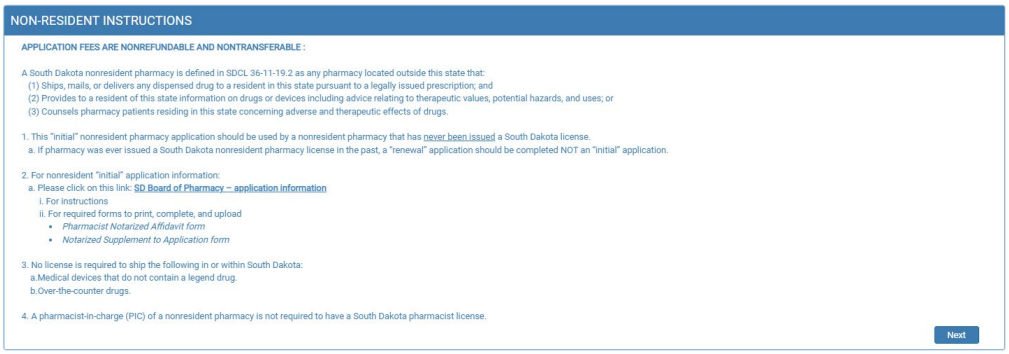
# General Notes

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.




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


   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.

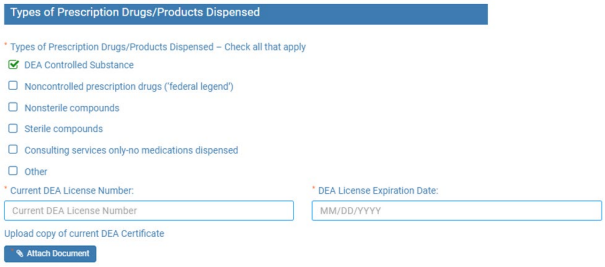

      ii. If other is selected:
         a. In explanation box: Input an explanation in the required response box.

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.


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.

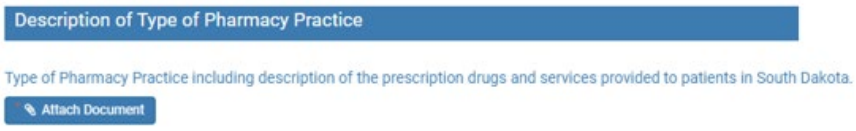



iii. If **Other** is selected:

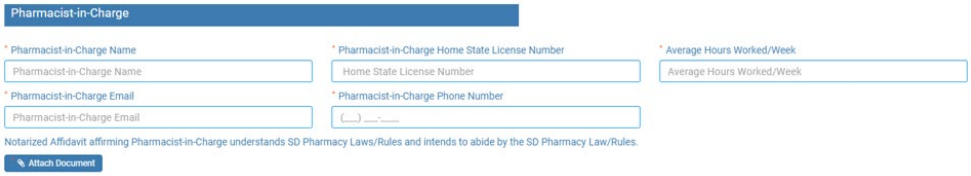
1. Explanation for Other Type of Prescription Drugs/Products Dispensed: Input an explanation in the required response box.


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.



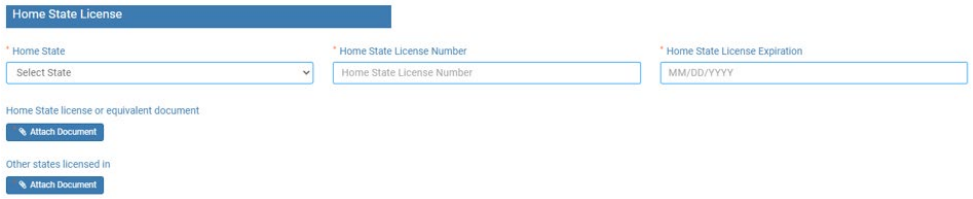
e. **Pharmacist-in-charge** section.
   i. Pharmacist in Charge Name: Input pharmacist-in-charge's name.
   ii. Pharmacist-in-Charge Home State License Number: Input the pharmacist-in-charge's home state professional license number.
   iii. Average Hours Worked/Week: Input average number of hours pharmacist-in-charge 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.




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 <u>not</u> 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.

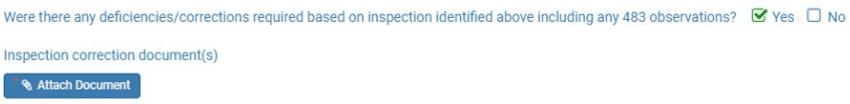

g. Click Next when complete.

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.



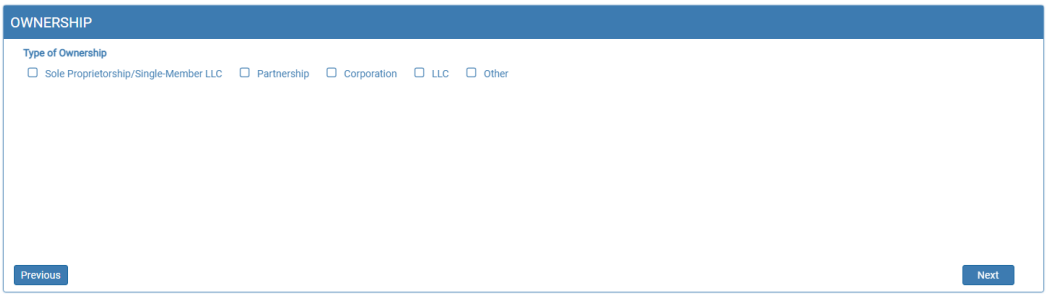

   b. **Inspection** section.
      i. Type of Inspection: From drop-down select type of inspection being submitted.
         1. Options will be: Home State, Other State, NABP/VPP/VIPPS, No inspection, or Other.
      ii. Date of last inspection: Input date of inspection in MM/DD/YYYY format.
      iii. 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.


      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).

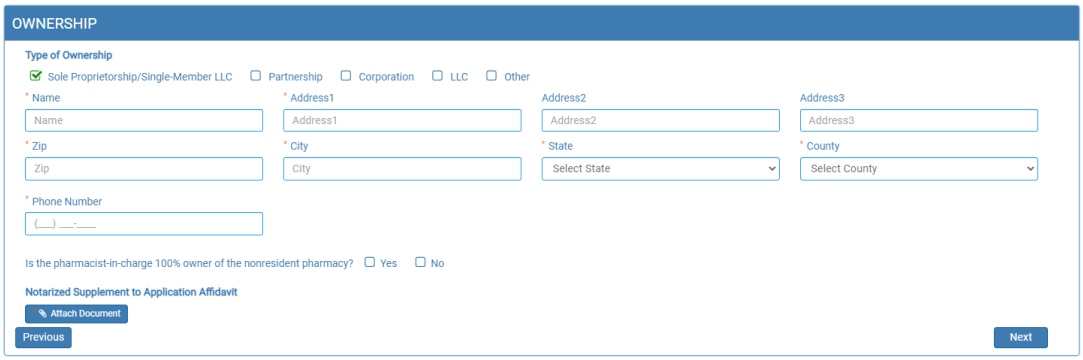



   c. Once completed, click next.

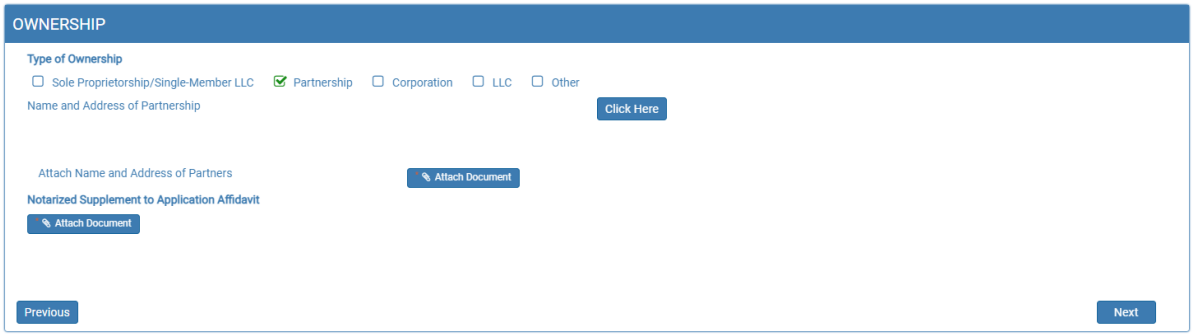
5. **Ownership** page.
   a. Type of Ownership: Click box in front of Sole Proprietorship/Single-Member LLC, Partnership, Corporation, LLC or Other.



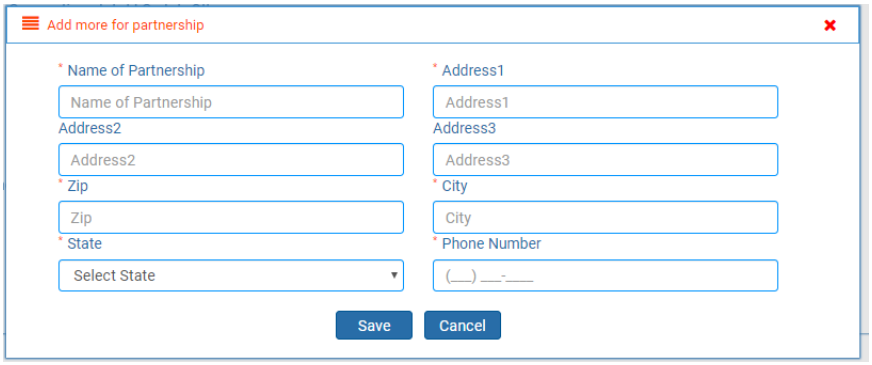

   b. If **Sole Proprietorship/Single-Member LLC** is selected:
      i. Name: Input name of sole proprietorship/single-member LLC.
      ii. Address 1: Input address of sole proprietorship/single-member LLC.
      iii. Address 2/3: Input additional address information, if needed.
      iv. Zip: Input zip 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.



c. If **Partnership** is selected:




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.

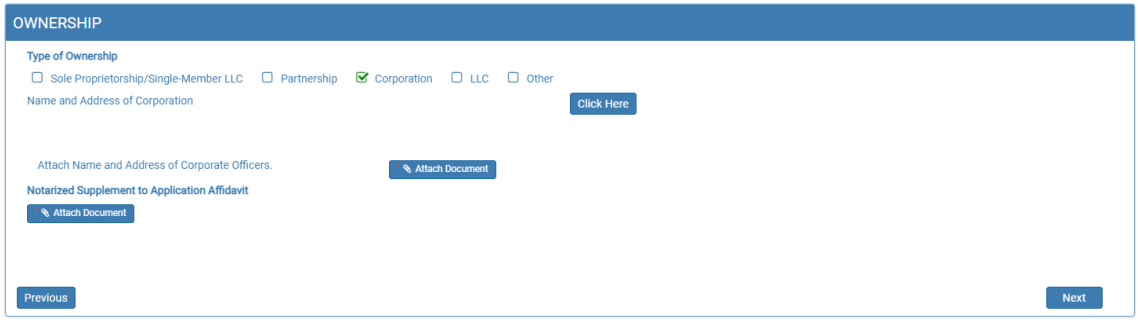



ii. Partner/member/officer information: Click on Attach Document to upload document that has the partner names and addresses.

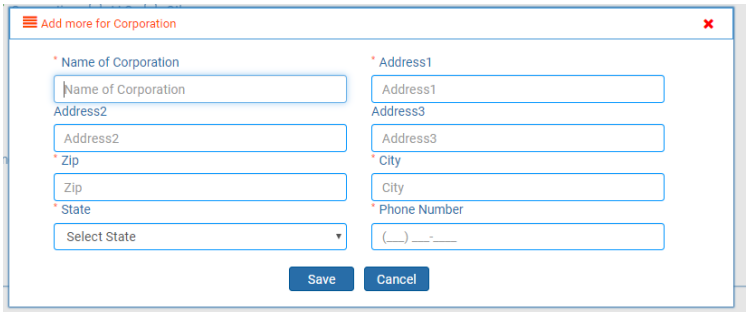
iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

iv. Once completed: Click next to continue.

d. If **Corporation** is selected:




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.

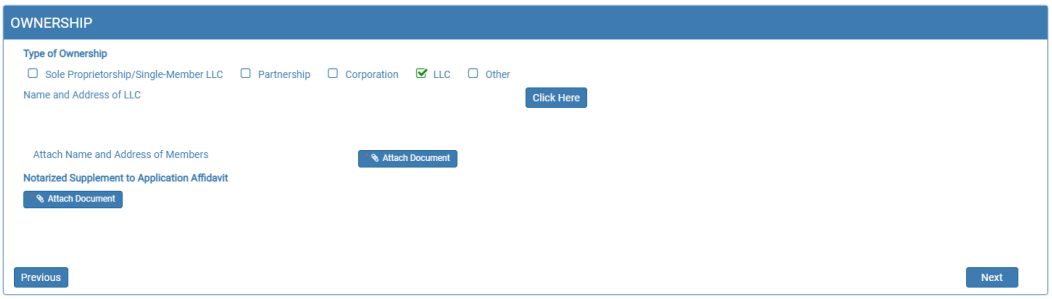



ii. Partner/member/officer information: Click on Attach Document to upload document that has the officer names and addresses.

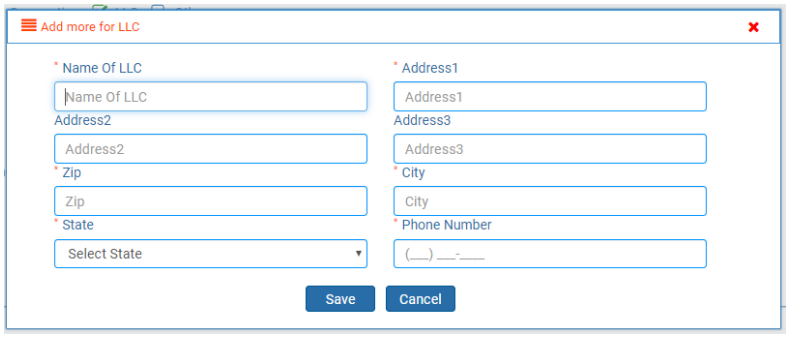
iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

iv. Once completed: Click next to continue.

e. If **LLC** is selected:




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

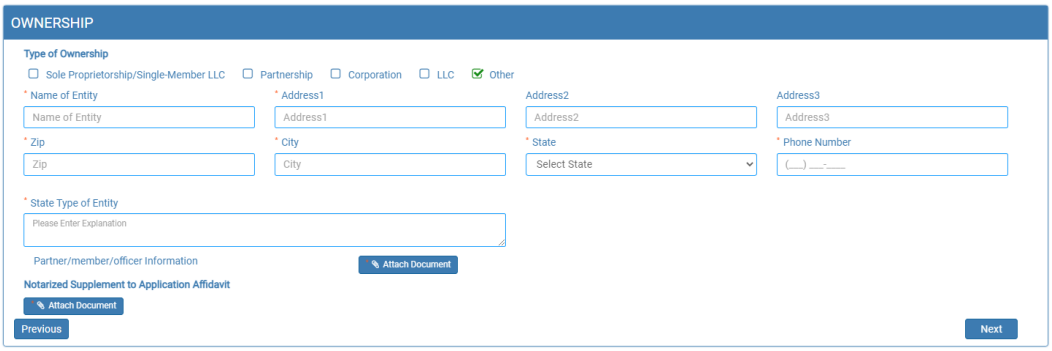



ii. Partner/member/officer information: Click on Attach Document to upload document that has the member names and addresses.

iii. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

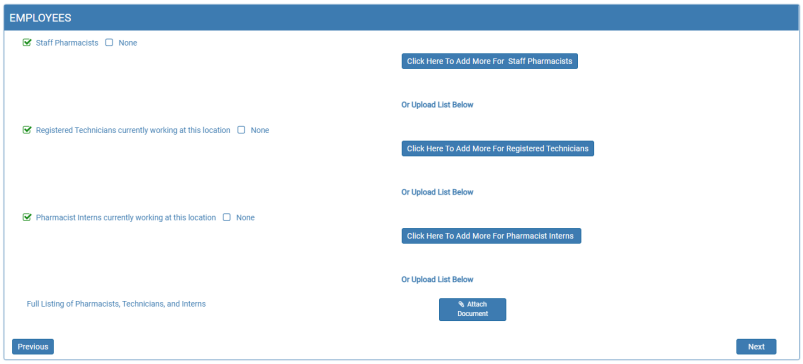
iv. Once completed: Click next to continue.

f. If **Other** is selected:

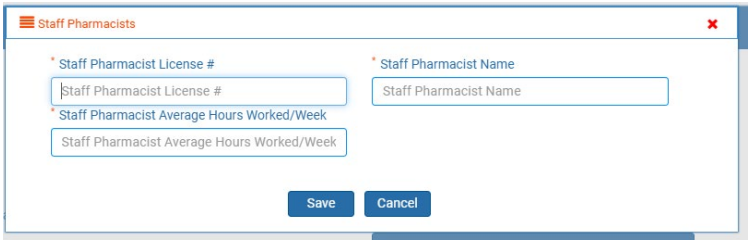



i. Name of Entity: Input name of entity.
ii. Address 1: Input address of entity.
iii. Address 2/3: Input additional address information of entity, if needed.
iv. Zip: Input zip code of entity.
v. City: Input city of entity if it does not auto populate.
vi. State: Input state of entity if it does not 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.

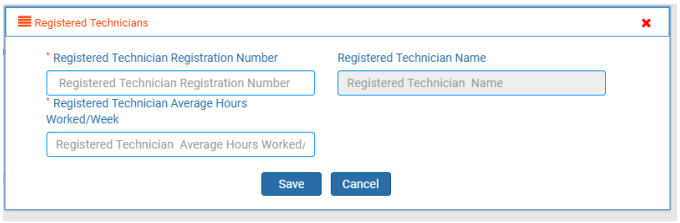
6. **Employees** page.



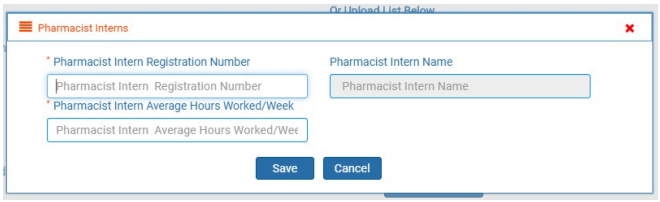

a. There will be options to manually input each employee **OR** to upload a full listing of pharmacist, technicians, and interns currently working at this location.
b. To upload a full listing of pharmacists, technicians, and intern currently working at this location:
   i. Check the correct boxes for 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.



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.

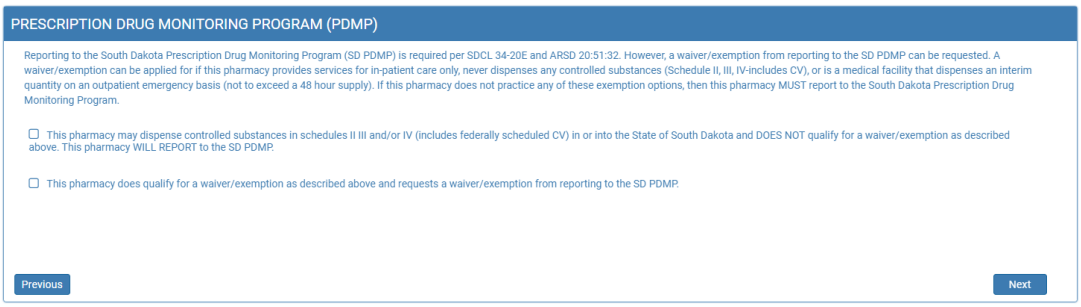



iii. Pharmacist interns currently working at this location: Click box in front of pharmacist interns currently working at this location if there are interns working at this location. If there are no interns working at this location, click box in front of none.
    1. If a manual input is desired for 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.

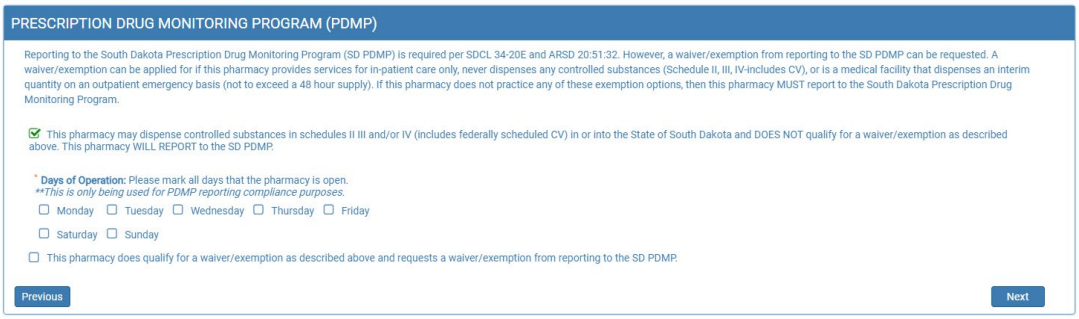



d. When complete, click next.

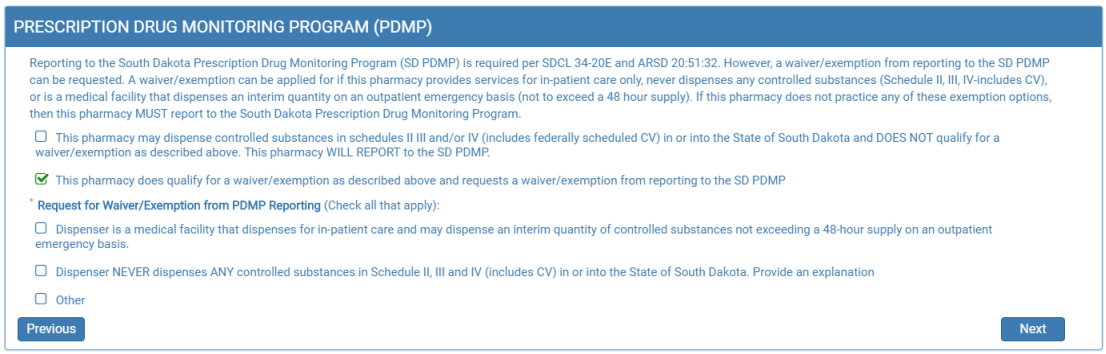
7. **Prescription Drug Monitoring Program** (PDMP) page.
   a. Read and understand the information in the first paragragh and each statement that follows.
      i. Select one of the options by clicking box in front of the statement.



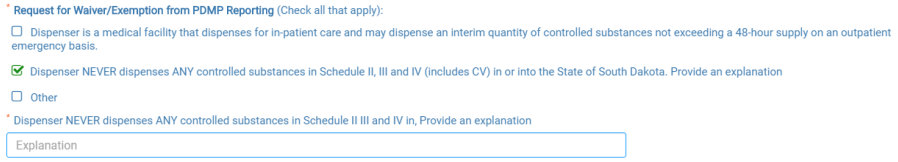

   b. If this location *<u>will be reporting</u>* to the PDMP and the first box was chosen:
      i. Days of Operation: Please mark all days that the pharmacy is open.
         1. ***Note: This is <u>only</u> being used for PDMP reporting compliance purposes.*



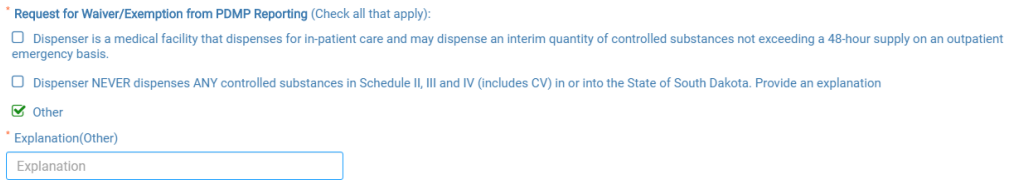

   c. If this location is *<u>requesting a waiver/exemption from reporting</u>* to the PDMP and the second box was chosen:
      i. Choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP by checking the box in front of the statement(s) that apply.




      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.

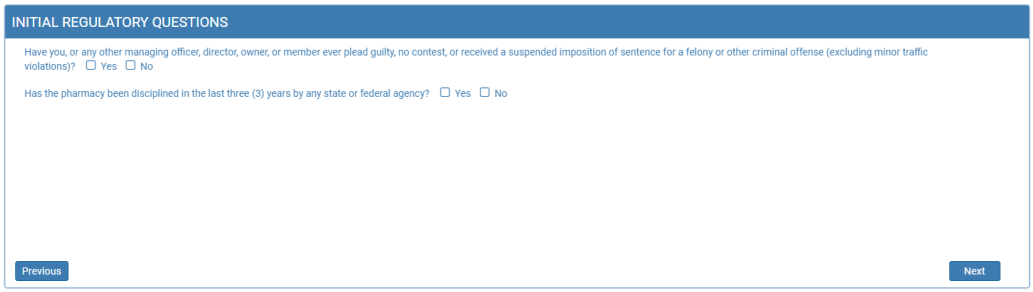


iii. If Other is selected: Provide an explanation in the required response box.

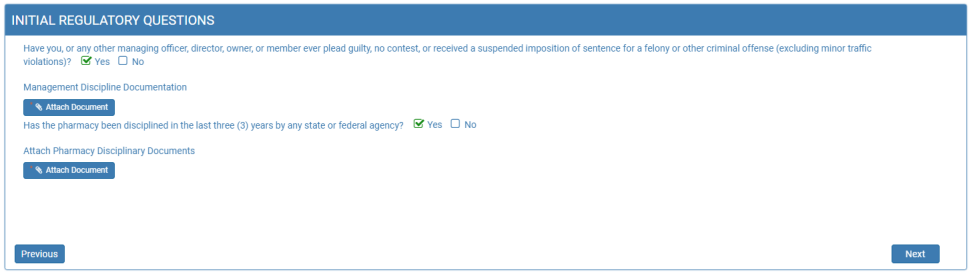



d. Once complete: Click next to continue.

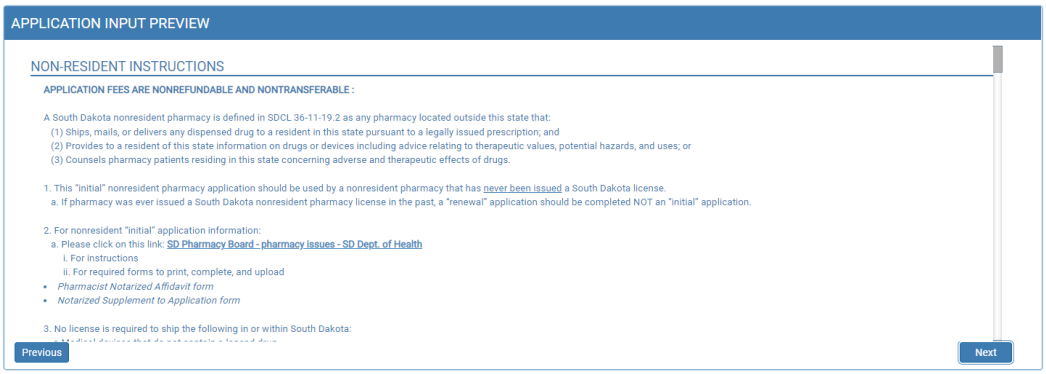
8. **Initial Regulatory Questions** page.



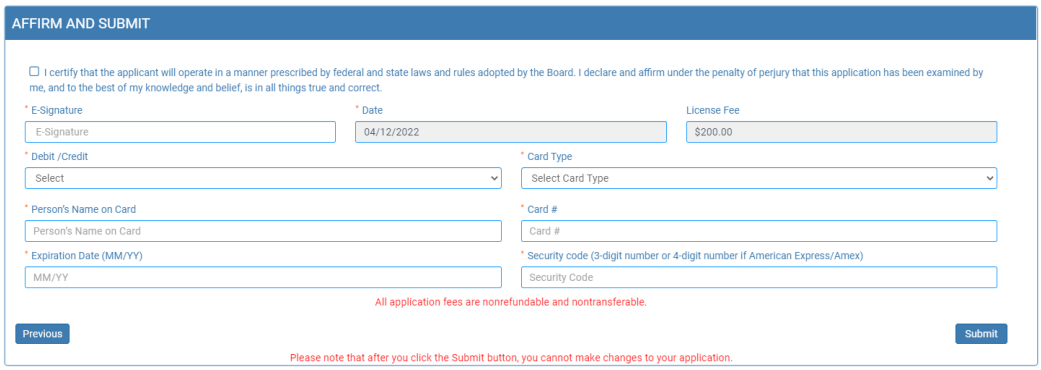

a. "Have you, or any other managing officer, director, owner, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (Excluding minor traffic violations)?": Click the box in front of yes or no.
   i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
b. "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.
   i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s)
c. Once complete, click next to continue.



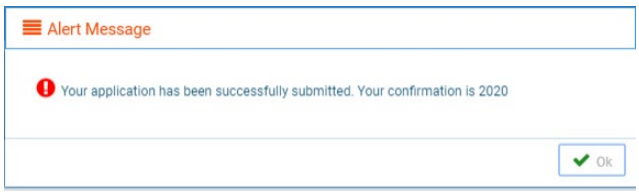
9. **Application Input Preview** page.
    a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
    b. Use the scroll bar on the right to go through the information.
    c. If there are errors to correct: click on the Previous button to return to the page that needs to have corrections made.
    d. Once review is complete: Click next to continue.



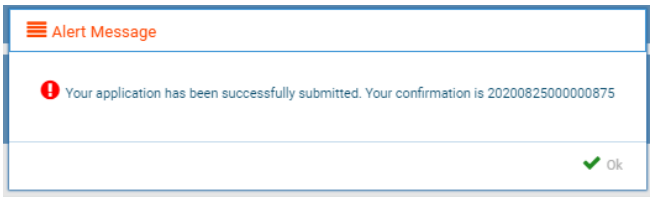

10. **Affirm and Submit** page.
    a. Read and understand the statement at the top, then check the affirmation/certify check box.
    b. E-Signature: Enter full name of person filling out the renewal.
    c. Date: This will auto populate.
    d. Fee: This will auto populate.
    e. Debit/Credit: From 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.



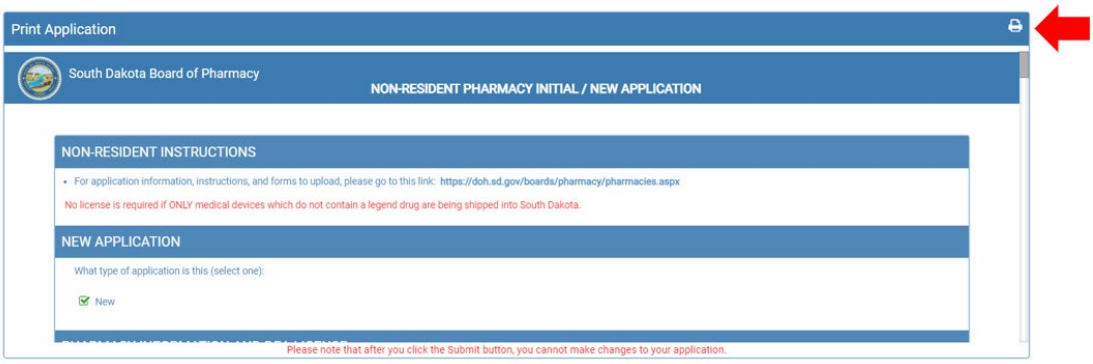
n. If any invalid information was entered, an alert message will appear indicating that your card was invalid.
   i. Click on Ok: Re-enter the correct information and click on submit to complete the application.




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.



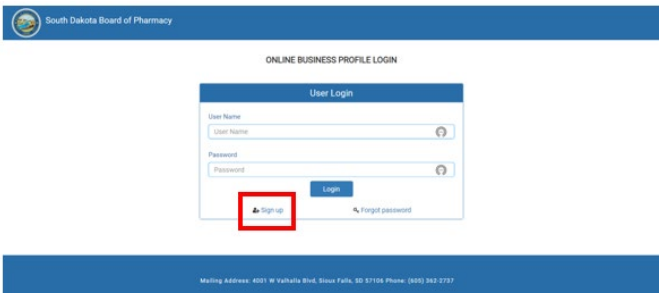

11. After the confirmation alert message, the completed renewal application will show.
    a. This application can be printed by clicking on the printer in the upper right corner.



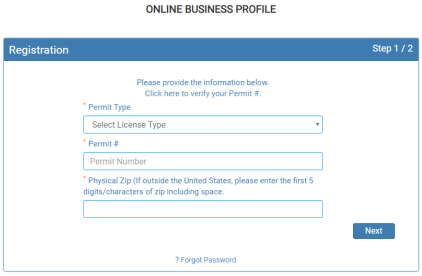

*See next page for information needed after license is issued.*

## After License has been issued
## How to Set Up Your Profile / Online Account – Start Here

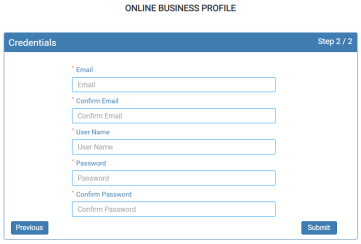
1. Click on this link (**Bookmark this page**): https://sdbop.igovsolution.net/online/User_login.aspx
   a. This link will be needed to renew your license.
   b. Click on sign up and follow the next steps.



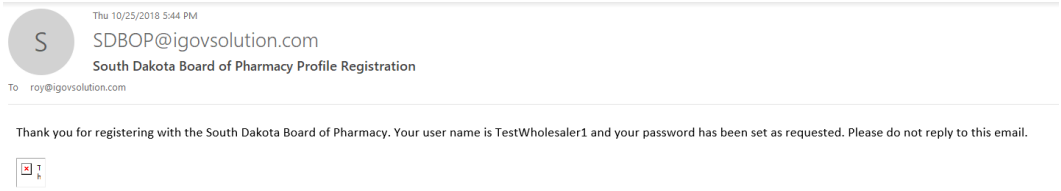

2. **Registration**.
   a. After clicking on sign up, you will be directed to the registration box.
   b. Permit type: From drop down menu, select type of permit.
   c. Permit number: Input the last four digits of the permit number.
   d. Physical Zip Code: Input the zip code of the facility.
   e. This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



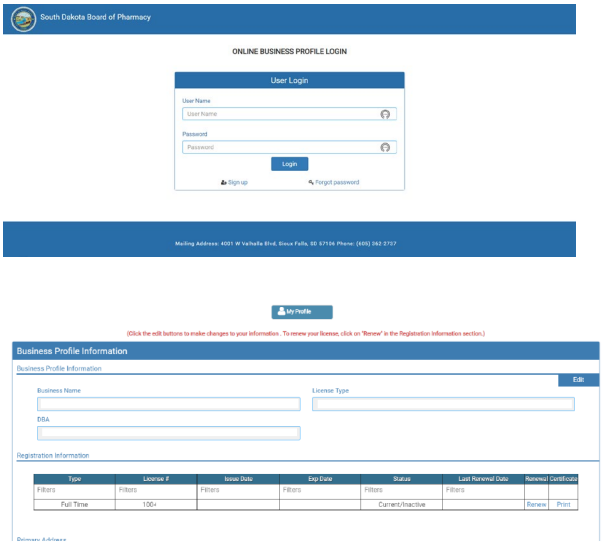
3. **Credentials**.
   a. Email: Input email address.
   b. Confirm email: Input email address used in first line.
   c. User Name: Input a user name.
   d. Password: Input a password.
   e. Confirm password: Input the password from previous line.
      i. There are no password guidelines or restrictions.
   f. Click Submit.
   g. An Alert Message will appear when registration is successful.




4. 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.**
   a. You will be returned to the user login page after setting up the account.
   b. User Name: Input the user name and password used to set up the account.
   c. Click Login.
   d. You will be directed to the My Profile page.

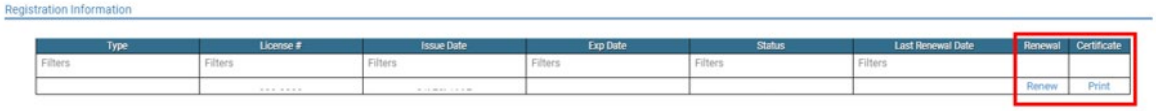


# My Profile Page Information

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

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


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



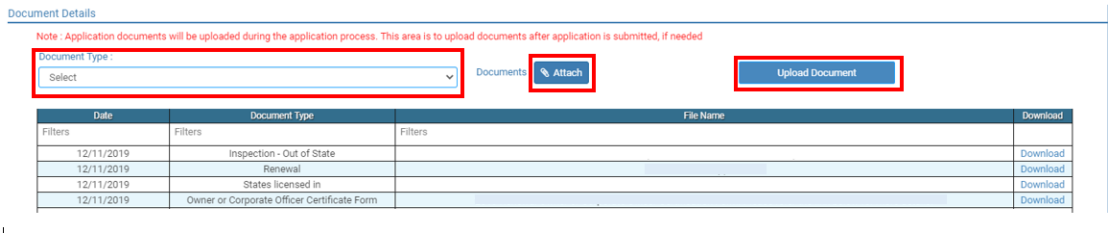

3. **Primary Address** section.
   a. This is a non-editable section.
   b. This is the physical location of the pharmacy.


4. **Mailing Address Information** section.
   a. These are editable fields.
   b. This is the mailing address information if this is different from the physical address location.
   c. To edit, click on the Edit button. Make corrections/changes, then click submit.

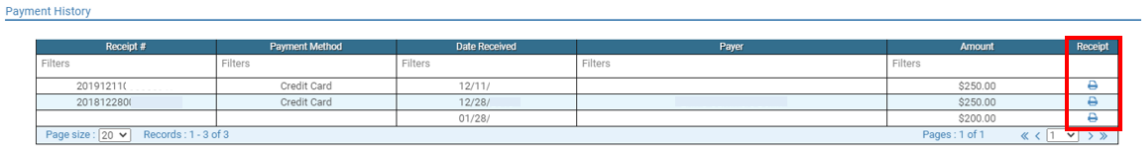

5. **Contact Information** section.
   a. These are editable fields.

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.

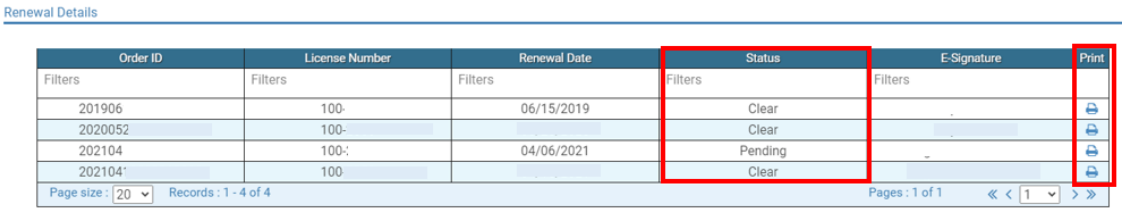

6. **Document Details** section.
   a. This section contains all the documents uploaded as part of the application/renewal.
   b. This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
   c. To upload a document:
      i. Document Type: 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.




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.




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.

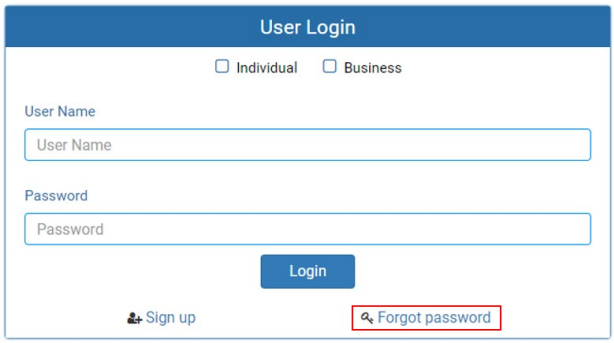



## Trouble Shooting and Other Tips

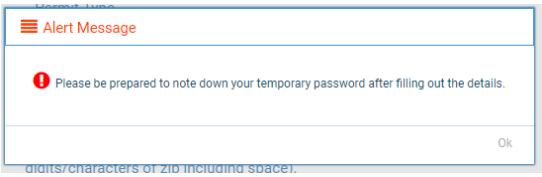
1. **I'm having trouble getting through the licensing process**.
   a. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
   b. This platform does not support the use of a mobile phone.
   c. If a tablet is being used, it must be Microsoft based. (Not an Apple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

2. **Tips**
   a. PDF documents are the preferred type of documents for required uploads.
   b. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
   c. This platform does not support the use of a mobile phone.
   d. 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.

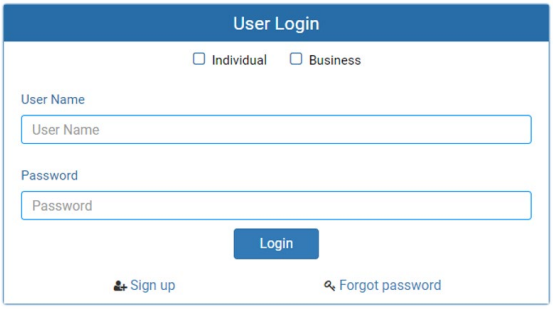
3. **Reset Password**
   a. At the User Login page, click on Forgot Password.




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




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.