South Dakota Board of Pharmacy
4001 W. Valhalla Blvd., Ste. 106
Sioux Falls, SD 57106
Phone: 605-362-2737
Fax: 605-362-2738
Website: www.pharmacy.sd.gov
Email: pharmacyboard@state.sd.us

/ersion 1 5.3.23

DONATED DRUG AND MEDICAL SUPPLY REDISPENSING PROGRAM
PARTICIPATING PHARMACY NOTICE OF INTENT TO PARTICIPATE

- Completion of this form meets the requirements of SD Board of Pharmacy to rule: ARSD 20:51:35:04(1) Donated drug and medical supply redispensing program
- Questions about completion of this form may be directed to 605-362-2737.
- Complete form and submit to the SD Board of Pharmacy Office, Fax- 605-362-2738, or Email pharmacyboard@state.sd.us

PHARMACY INFORMATION

Name – Pharmacy or Medical Facility Receiving Donation

_____

SD Pharmacy License # (xxx-xxxx)

_____

Pharmacy Address

_____

Pharmacy City

_____

Pharmacy Phone Number

_____

Pharmacist-in-Charge Name

_____

PIC SD License #

_____

- I attest that medication or medical supply will be stored as recommended by the manufacturer
- I attest that the pharmacy will comply with SDCL 34-20H and ARSD 20:51:35
- I attest that any issue with compliance of the program could result in being removed from the program

Date Submitted

_____

Internal Use Only – To be completed by Board of Pharmacy office staff.

☐ User Name_____.

☐ Password _____.

☐ Date Completed:_____.