

# **SOUTH DAKOTA BOARD OF PHARMACY**

**Resident (in - state) Pharmacy**

## **Renewal Application and Change of Ownership Application Instructions**



4001 W Valhalla Blvd, Suite 106

Sioux Falls, SD 57106

[PharmacyBoard@state.sd.us](mailto:PharmacyBoard@state.sd.us)

P 605.362.2737

# Table of Contents

Link - [License Information & Applications](#)

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

## Application General Information

## List of Required Forms & Documents for Application Upload

## Change of Ownership Parameters

### STEP 1

#### Create Your Online Account

### STEP 2

#### Review My Profile Information

How to print your license

How to print a receipt

### STEP 3

#### Begin Renewal or Change of Ownership Application

### STEP 4

#### Trouble Shooting and Tips

Computer or online licensing platform problems

Tips

Account Password Reset

## APPLICATION GENERAL INFORMATION

- License fees: Full-time \$200  
Part-time \$160
  - 1. **Full-time (in-state) pharmacy** license includes providing pharmaceutical services by a registered pharmacist under a pharmacy license issued by the South Dakota Board of Pharmacy on a full-time operation basis including retail pharmacy, independent pharmacy, long term care, central processor, mail order, compounding (sterile/nonsterile), tele-pharmacy where pharmaceutical services are provided to out-patients.
  - 2. **Part-time (in-state) pharmacy** license includes providing pharmaceutical services by a registered pharmacist under a pharmacy license issued by the South Dakota Board of Pharmacy on less than full-time operation basis, in hospitals, nursing facilities, and related facilities and where such pharmaceutical services are limited to inpatients.
  - 3. If uncertain if your business will be a full time or part time pharmacy, please contact our office with a description of service before filing the application to ensure proper license type is completed.
- **All fees are nonrefundable and nontransferable including duplicate and error submissions.**
  - Payment methods – MasterCard, Visa or American Express. A gift card for these vendors may be used.
  - Application must be completed in one sitting. Information entered is not saved unless application is submitted.
  - **DO NOT USE** a mobile phone or tablet to submit application.
  - License expires June 30<sup>th</sup> each year. There is no grace period.
  - License renewal period is May 1<sup>st</sup> - June 30<sup>th</sup>.
  - For Statutes and Rules, go to ([SD Laws & Rules](#)).

## REQUIRED APPLICATION DOCUMENTS FOR UPLOAD

Save all documents in PDF format.

Do not upload expired documents.

Upload documents only when prompted in the application.

- DEA certificate, if dispensing controlled substances
- List of all the States pharmacy is licensed in
- **Form** – Pharmacist-in-Charge Affidavit
- List of pharmacy owners, partners, officers, and/or members names and titles
- **Form** – Supplement to Application
- List of staff pharmacist, technician, and intern names and titles
- Power of Attorney (POA) document granting signing authority to individual who executes/signs any form above.
- Upload POA with corresponding form.
- Court documents, if “yes” response to a regulatory question
- For CHOW application, provide a diagram/list of pre-ownership and post-ownership structures and ownership percentages for both structures.

## CHANGE OF OWNERSHIP APPLICATION (CHOW) GUIDANCE

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

## AFTER APPLICATION SUBMISSION

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

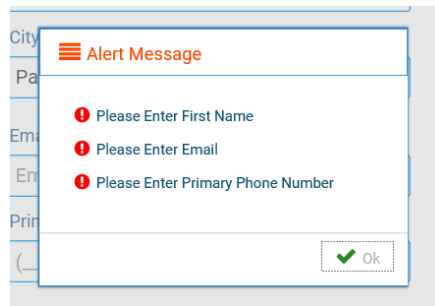
## General Notes

---

Required fields are marked with a red \* asterisk

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

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



## Step 1 - Create An Online Account

---

1. After an initial license is issued, licensee must create an online account before a renewal or a change of ownership application can be submitted.
2. If an online account **is already set-up**, click link [https://sdbop.igovsolution.net/online/User\\_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx), enter username, password for account, click (Login), and proceed to STEP 2.
3. If an online account **is not set-up**, click link [https://sdbop.igovsolution.net/online/User\\_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx), and follow steps 4-7 below to create an online account. Then proceed to STEP 2.

### 4. Online Business Profile Login Section

- Check (Business)
- Click (Sign Up)

### 5. Registration Section

- Select permit/license type (Full time or Part time)
- Enter **last four digits** of permit/license number – Full-time (100-XXXX) or Part-time (200-XXXX)
- Enter zip code for facility physical address

### 6. Credentials Section

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

### 7. Return to Login

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

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

---

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

### 1. Business Information Section

- Fields cannot be edited

### 2. Registration Information Section

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

### 3. Primary Address Section

- Fields cannot be edited and is the physical location of the business

### 4. Mailing Address Section

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

### 5. Contact Information Section

- Fields can be edited
- Click (Edit) button to make corrections/changes, click (Submit) to capture changes

### 6. Document Details Section

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

### 7. Payment History Section

- To **print payment receipt**, click on (Printer Icon) in last column

### 8. Renewal Details Section

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

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

---

### 1. Return to **My Profile Registration Information Section**

- Click the word (Renew) in second to last column to begin the renewal or CHOW application process.
- Click (Yes or No)

## 2. South Dakota Pharmacy Renewal Instructions Section

- Click link to read instructions or (Next) to continue

## 3. Renew or Change of Ownership Application Section

- Check (Renew) or (Change of Ownership)
- Click (Next) to continue

## 4. Change of Ownership (CHOW)

- If ownership changes at **parent level or below by 50% or more by any method**, complete a CHOW application
- Change of name or location (Yes or No)
- Enter entity's South Dakota license number (100-XXXX or 200-XXXX)
- Click (Attach Document)
- **Upload** document showing pre-ownership and post-ownership structures and ownership percentages

## 5. License Information Section

### License Classification

- Check (Full time) or (Part time) and complete pharmacy information

### DEA License

- **Upload** DEA registration - legal name of business must match name as shown on entity's DEA (or)
- Check box if no DEA

### Type of Practice

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

### Other State Licenses

- **Upload** list of the States entity is licensed in or intends to be licensed in (or)
- Check (No other states)

## 6. Pharmacist-in-Charge Section (PIC)

- Enter PIC SD license number (XXXX) or (R-XXXX) and information
- **Upload form** affidavit affirming PIC understands SD Laws/Rules

## 7. Application Submitter Information Section

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

## 8. Ownership Section

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

## 9. Employees Section

- Check all that apply
- **Upload** list of names, titles, and license numbers for all pharmacists, technicians (certified & noncertified), and interns working at location.

## 10. Prescription Drug Monitoring Program (PDMP) Section

- Check option that applies (may dispense controlled substances) **or** (eligible for waiver exemption)
- If reporting, check days of operation
- If **NOT** reporting, check waiver option
- Provide explanation if required

## 11. Regulatory Question Section

- Check (Yes or No)
- For any question answered Yes, **upload** pertinent documents regarding incident

## 12. Application Input Preview Section

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

## 13. Affirm and Submit Section

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

## Step 4 - Trouble Shooting / Tips / Account Password Reset

---

### Having trouble getting through application?

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

### Tips

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

## Account Password Reset Instructions

Go to Login page ( [https://sdbop.igovsolution.net/online/User\\_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx) )

- Click (Business)
- Enter your username
- Click (Forgot Password); alert Message appears
- Click (Ok)

### At Password Recovery page

- Click (Business)
- Select (License Type)
- Enter (License # as 100-XXXX or 200-XXXX)
  
- Enter (zip code for physical location)
- Click (Next)
- A “temporary” password is generated
- Write “temporary” password down or copy and paste temporary password to a Word document to eliminate miss keying.
- Click (Ok)

### Return to Login page

- Click (Business)
- Enter username
- Enter “temporary” password in the password field
- Click (Login)

### At Credentials page

- Enter “temporary” password in the “Old” password field
- Enter “new” password, confirm new password
- Click (Submit)

### Return to Login page

- Click (Business)
- Enter username
- Enter “new” password