

SOUTH DAKOTA BOARD OF PHARMACY

Nonresident Pharmacies

User Guide and Renewal Application Instructions Includes Change of Ownership (CHOW)



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Nonresident Pharmacies Renewal Application

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General Information

1. License fee is \$200.
2. Payment methods – **MasterCard, Visa or American Express ONLY.**
 - a. If you do not have a MasterCard, Visa, or American Express, purchase a MasterCard, Visa, or American Express gift card to complete the payment process.
3. 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.
4. All licenses expire June 30. There is no grace period.
5. License renewal period is May 1-June 30
6. User Name and password must be unique for **each** license. Please keep track of each user name and password.

You need to complete the entire application process from start to finish in one sitting

1. The online system does not retain information entered until the application has been submitted and payment process is completed.
2. Be sure to have information and copies of documents for upload ready *before* beginning the online process.

Required Documents to be Uploaded with Application.

1. Current **home state license**, its equivalent, or a written explanation why one is not available. (A primary source verification does fulfill this requirement).
2. Most recent **inspection** conducted in the last 4 years by home state regulatory or other inspecting entity. If one is not available, upload an explanation why.
 - a. Documentation **corrections** for of all non-compliance noted in the inspection.
3. **DEA certificate** (if dispensing controlled substances).
4. Notarized **Pharmacist-in-Charge Affidavit**. Link: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
5. Notarized **Supplemental Affidavit** must be completed if pharmacist-in-charge is not sole owner of merchandise and fixtures. Link: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
6. A **list of other state(s)** licensed in.
7. A complete **Description of Type of Pharmacy Practice**, i.e. retail, hospital, compounding, central fill, central processing, etc. including a description of the prescription drugs and services provided to patients in South Dakota.
8. **Court documents** if regulatory question(s) answered yes.
 - a. First regulatory question is: Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, 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) that was not been reported on the last renewal.
 - b. Second regulatory question is: Has the pharmacy been disciplined in the last four (4) years by any state or federal entity?
9. If a **Power of Attorney** (POA) granting signing authority is being used, upload that document along with form that is signed using the POA.

If Change of Ownership (CHOW), Information Needed

1. Application for a change of ownership should be submitted if $\geq 50\%$ change of ownership at the parent level or below. If other change of ownership, provide letter to Board.
2. If there is a name or address change, have that information available.
3. A **diagram/listing** of *previous* ownership structure and *new* ownership structure should be provided.

After Application Submission Information

After your application has been submitted, the Board will:

1. Review the application.
2. Email licensing contact if additional information is needed.
3. Approve or deny the application.
4. Once the license is approved, a no-reply, automated, email will be sent.

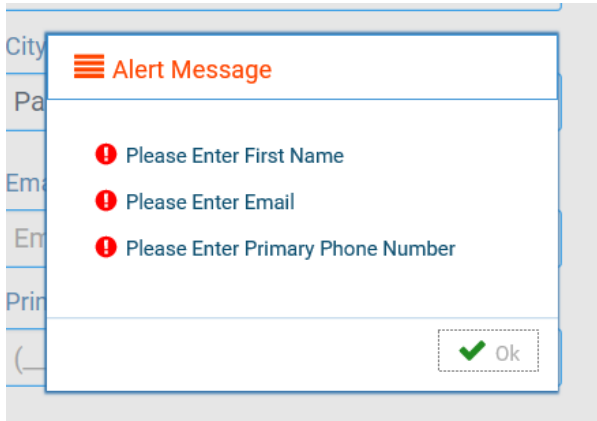
You must log back into the account at https://sdbop.igovsolution.net/online/User_login.aspx

1. Check application status
2. Print pharmacy license (instructions on page 20).
3. Print a payment receipt (instructions on page 20).

Licensure status can also be reviewed on : Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

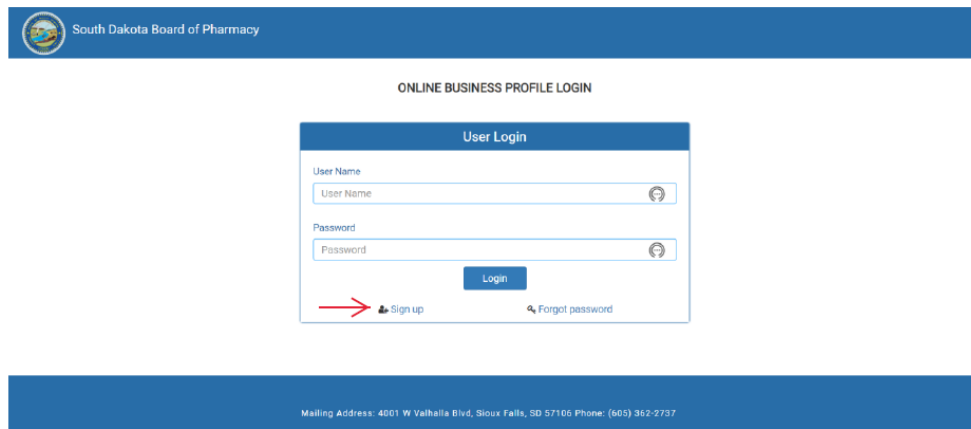
General Notes

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, alert message will alert to enter missing fields like below:



Profile/Account Set Up

1. Click on this link (**Bookmark this page**): https://sdbop.igovsolution.net/online/User_login.aspx
 - a. **If this is the first time this license has been renewed**, click on sign up and follow the next steps.
 - b. **If this is not the first time this license has been renewed**, after clicking on above link and entering your user name and password, click log in, then skip to page.



2. Click on Sign Up
 - a. On the Registration screen, input the permit type from the drop-down menu.
 - b. Enter the last four digits of the permit number.
 - c. Enter the zip code of the facility.
 - d. This information must match what is on your current license.
 - e. Click Next.

ONLINE BUSINESS PROFILE

The screenshot shows a web form titled "Registration" with a sub-header "Step 1 / 2". The form contains the following elements:

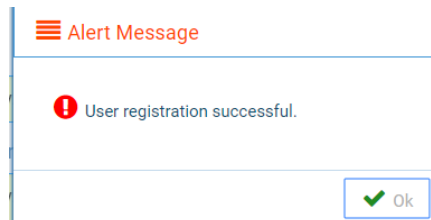
- A blue header bar with "Registration" on the left and "Step 1 / 2" on the right.
- Instructional text: "Please provide the information below. Click here to verify your Permit #."
- A red asterisk followed by the label "Permit Type" above a dropdown menu with the text "Select License Type".
- A red asterisk followed by the label "Permit #" above a text input field with the placeholder "Permit Number".
- A red asterisk followed by the label "Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space)." above a text input field.
- A blue "Next" button in the bottom right corner.
- A link "? Forgot Password" at the bottom center.

3. On the Credentials Page
 - a. Enter email, confirm email, user name, password and confirm password.
 - b. There are no password guidelines or restrictions.
 - c. Click Submit.
 - d. An Alert Message will appear when registration is successful.

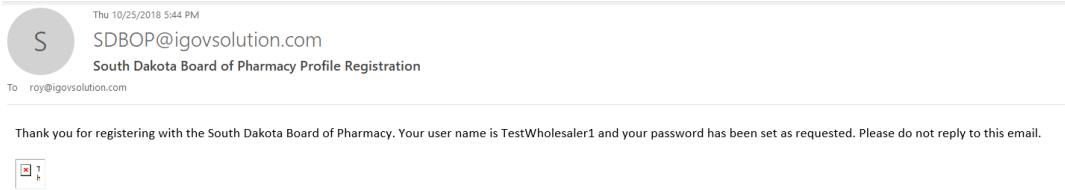
ONLINE BUSINESS PROFILE

The screenshot shows a web form titled "Credentials" with a sub-header "Step 2 / 2". The form contains the following elements:

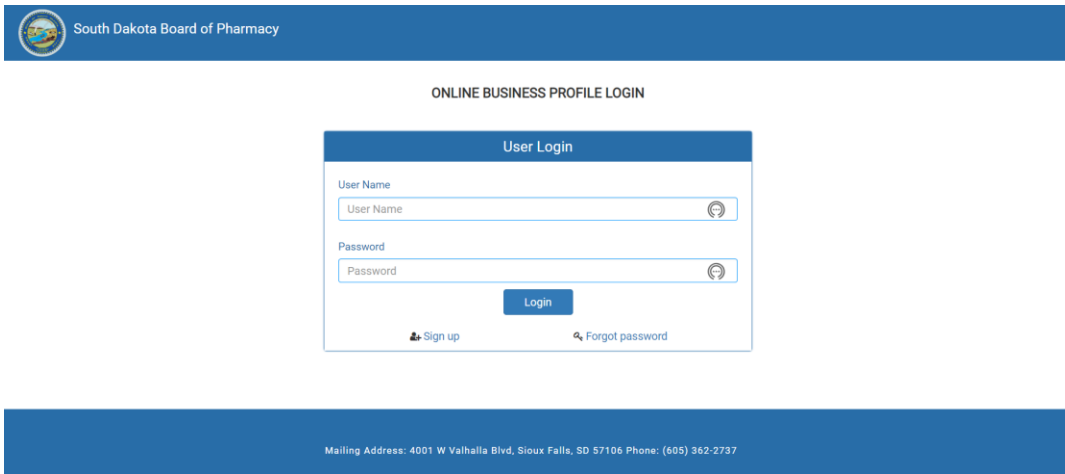
- A blue header bar with "Credentials" on the left and "Step 2 / 2" on the right.
- A red asterisk followed by the label "Email" above a text input field.
- A red asterisk followed by the label "Confirm Email" above a text input field.
- A red asterisk followed by the label "User Name" above a text input field.
- A red asterisk followed by the label "Password" above a text input field.
- A red asterisk followed by the label "Confirm Password" above a text input field.
- A blue "Previous" button in the bottom left corner.
- A blue "Submit" button in the bottom right corner.



4. Once user registration is successful, an e-mail will be sent to the e-mail that you provided during your registration with a similar message like below:



5. Return to the **User Login page**.
- To log in, input the User Name and password used to set up the account.
 - Click Login.
 - You will be directed to the My Profile page.



[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 Profile Information [Edit](#)

Business Name License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
				Current/Inactive		Renew	Print

Primary Address

My Profile Page Information

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

1. **Business Profile Information** section.

- a. Fields in this section include the Business Name, License type, DBA Ownership Type, Responsible Person, and Title.
- b. These fields are non-editable.

The screenshot shows a form titled "Business Profile Information". It contains several input fields: "Business Name", "License Type", "DBA", "Ownership Type", "Responsible Person", and "Title". A red asterisk is next to "Responsible Person" and "Title". At the bottom, there is a small red text note: "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.

- a. Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
- b. These are non- editable fields.
- c. The Renew button is used to Renew the license and when clicked on, takes you to Renewal web page.
- d. Licensee can also print their 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.

- a. This is the Physical location of the business.
- b. All the fields are non-editable.

The screenshot shows a form titled "Primary Address". It contains input fields for "Address Line 1", "Address Line 2", "Address Line 3", "City", "State", "County", and "Zip".

4. **Mailing Address Information** section.

- a. This is the mailing address information if this is different from the physical address location.
- b. These are editable fields.
 - i. To Edit, click on the Edit button. Make corrections/changes, then click submit.

The screenshot shows a form titled "Mailing Address Information (if different from Primary Address)". It has a checkbox labeled "Check if mailing address is the same as above." Below it are input fields for "Address Line 1", "Address Line 2", "Address Line 3", "City", "State", and "County". A blue "Edit" button is highlighted with a red box.

5. **Contact Information** section.

- a. This section contains the phone number, e-mail, fax etc. of the business.
- b. These are editable fields.
 - i. To Edit, click on the Edit button. Make corrections/changes, then click submit.

Contact Information Edit

Phone Alternate Phone Email

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. Select the Document type drop down list.
 - ii. Use the attach document to select/browse the file from the local folder.
 - iii. Then click on the 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
201912110	Credit Card	12/11/		\$250.00	🖨️
201812280	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 – if licensure is Pending or if it's Cleared.
 - i. If license is cleared, it has been renewed.
- b. If it's Cleared, then in the Registration information grid will show the updated license expiration date, 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
Filters	Filters	Filters	Filters	Filters	
201906			Clear		
2020052			Clear		
202104			Pending		
202104			Clear		

Page size: 20 Records: 1 - 4 of 4 Pages: 1 of 1

Renewal Application Begins Here

- 1. **Validation of Current Information – My Profile Page.** After logging in and validating all the information in the My Profile section, click on the Renew icon in the profile section under the Registration Information section, Renewal column.

[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 Profile Information [Edit](#)

Business Name License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew Print
	100+			Current/Inactive		

- a. Renewal process will begin on next page after clicking 'yes' on the confirmation message

Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

Yes No

2. **Renewal Instructions** page.

- a. You will be directed the renewal page with a link to the application information and instructions.
- b. Click Next.

NON-RESIDENT INSTRUCTIONS

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

Next

3. **Renew or Change of Ownership Application** page. Select application type of Renew and/or Change of Ownership.

RENEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this (Check all that apply):
 Renew
 Change of Ownership

Do you have either a name change or location change? Yes No

* New Legal Name of Business DBA Name
New Legal Name of Business NR Number 5

* Address 1 Address 2 Address 3
Address 1 Address 2 Address 3

* Zip * City * State
Zip City Select State

* County * Pharmacy Email
Select County Pharmacy Email

* Previous License Number
400-____

* Previous and New Ownership Structure

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

Previous Next

- a. If only **Renew** is selected, click next to continue.
- b. If **Change of Ownership** is selected:
 - i. Answer the question 'Do you have either a name change or location change?'.
 - a. If answered no, **upload** the previous and new ownership structure by clicking on Attach Document.
 - b. If answered yes, input new legal name of business, dba name, address 1, address 2/3 if needed, zip, city/state/count, pharmacy email, and previous license number.
 - i. **Upload** the previous and new ownership structure.
- c. Click next to proceed.

4. Pharmacy Information and DEA License page.

- a. **Non-Resident Pharmacy Information** at the top will prepopulate.
- b. **Type of Pharmacy.** Select all that apply.
 - i. If **other** is selected, provide/input an explanation in the required response box.
- c. **Description of Type of Pharmacy.**
 - i. **Upload** description of the prescription drugs and services provided to patients in South Dakota by clicking on the Attach Document button.
- d. **Types of Prescription Drugs/Products Dispensed.** Check all that apply.
 - i. If **DEA Controlled Substance** is selected, fill in current DEA registration number, DEA registration expiration date.
 - 1. **Upload** copy of current DEA certificate by clicking on Attach Document.
 - ii. If **other** is selected, provide/input an explanation in the required response box.
- a. **Pharmacist-in-charge (PIC)**
 - i. Input PIC’s Name, home state license number, average hours works, PIC email, and PIC phone number.
 - ii. **Upload** notarized affidavit affirming pharmacist-in-charge understands SD Laws/Rules and intends to abide by the SD Pharmacy Law/Rules by clicking on the Attach Document button.
- b. **License Preparer Information.**
 - i. If prepared by Pharmacist-in-Charge, check box.
 - ii. If answered no, fill in preparer’s name, title, company name, address 1, address 2/3 if needed, zip, city, state, email, and phone number.
- e. Once information is complete, click Next.

5. **Home State License/Inspection page.**

HOME STATE LICENSE/INSPECTION

* Home State License Number

* Home State License Expiration

Home State license or equivalent document

Other states licensed in

Inspection

* Type of Inspection

* Date of last inspection

Inspection document, if no inspection or inspection is over 4 years since an inspection, please upload a document stating reason why

Were there any deficiencies in the inspection identified above? Yes No

Inspection correction document(s)

- a. Input your **Home State License Number**.
 - i. Input your home state license expiration date.
 - ii. **Upload** a copy of your current home state license or its equivalent by clicking on Attach Document.
- b. **Other states licensed in.**
 - i. **Upload** a document listing all states licensed in by clicking on Attach Document.
- c. **Inspection**
 - i. Select type of inspection from drop down menu.
 - ii. Provide/input date of inspection. Must be in the within the last 4 years.
 - iii. **Upload** a copy of this inspection by clicking on Attach Document.
 - iv. Were there any deficiencies in the inspection identified above? Answer yes or no.
 - a. If yes, **upload** a document with the inspection corrections by clicking on Attach Document.
 - v. Click next.

6. **Ownership page.**

- a. Select the pharmacy's Type of Ownership.

OWNERSHIP

* Type of Ownership

Sole Proprietorship Partnership Corporation LLC Other

b. If **Sole Proprietorship** is selected:

OWNERSHIP

* Type of Ownership
 Sole Proprietorship Partnership Corporation LLC Other

* Name: [Name] Address1: [Address1] Address2: [Address2] Address3: [Address3]
 * Zip: [Zip] * City: [City] * State: [Select State] * Phone Number: [Phone Number]

Is pharmacist-in-charge sole owner of merchandise and Fixtures? Yes No

Notarized Supplement to Application Affidavit [Attach Document]

[Previous] [Next]

- i. Provide/input the name, address, and phone number.
- ii. Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?'
 - a. If answered yes, click next to continue.
 - b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.
- iii. Once completed, click next to continue.

c. If **Partnership** is selected:

OWNERSHIP

* Type of Ownership
 Sole Proprietorship Partnership Corporation LLC Other

Partnership [Click Here to Add More]

Partner/member/officer information [Attach Document]

Is pharmacist-in-charge sole owner of merchandise and Fixtures? Yes No

Notarized Supplement to Application Affidavit [Attach Document]

[Previous] [Next]

- i. Click on Click Here to Add Partnership.
 - a. Provide/input the name, address, and phone number.
 - b. Click Save.

Add more for partnership

* Name of Partnership: [Name of Partnership] * Address1: [Address1]
 Address2: [Address2] Address3: [Address3]
 * Zip: [Zip] * City: [City]
 * State: [Select State] * Phone Number: [Phone Number]

[Save] [Cancel]

- ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.
- iii. Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?'
 - a. If answered yes, click next to continue.
 - b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.
- iv. Once completed, click next to continue.

d. If **Corporation** is selected:

OWNERSHIP

*Type of Ownership
 Sole Proprietorship Partnership Corporation LLC Other

Corporation [Click Here To Add More](#)

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

Is pharmacist-in-charge sole owner of merchandise and Fixtures? Yes No

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

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

- i. Click on Click Here to Add Corporation.
 - a. Provide/input the name, address, and phone number.
 - b. Click Save.

Add more for Corporation

* Name of Corporation

* Address1

Address2

Address3

* Zip

* City

* State

* Phone Number

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

- ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.
- iii. Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?'
 - a. If answered yes, click next to continue.
 - b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.
- 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', 'LLC' is selected with a green checkmark. A button labeled 'Click Here To Add More' is visible. Below, there are sections for 'Partner/member/officer information' with an 'Attach Document' button, a question 'Is pharmacist-in-charge sole owner of merchandise and Fixtures?' with 'Yes' and 'No' radio buttons (where 'No' is selected), and a 'Notarized Supplement to Application Affidavit' section with another 'Attach Document' button. 'Previous' and 'Next' buttons are at the bottom.

i. Click on Click Here to Add LLC.

- a. Provide/input the name, address, and phone number.
- b. Click Save.

The screenshot shows a modal window titled 'Add more for LLC'. It contains two columns of input fields. The left column includes: 'Name Of LLC' (text input), 'Address2' (text input), 'Zip' (text input), and 'State' (dropdown menu). The right column includes: 'Address1' (text input), 'Address3' (text input), 'City' (text input), and 'Phone Number' (text input with a format guide '() - - -'). 'Save' and 'Cancel' buttons are at the bottom.

- ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.
- iii. Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?'
 - a. If answered yes, click yes to continue.
 - b. If answered no, **upload** the notarized Supplement to Application Affidavit by clicking on Attach Document.
- iv. Once completed, click next to continue.

f. If **Other** is selected:

The screenshot shows the 'OWNERSHIP' section with 'Other' selected. It features a 'Name of Entity' field, 'Address1', 'Address2', and 'Address3' fields, 'Zip' and 'City' fields, a 'State' dropdown, and a 'Phone Number' field. There is an 'Enter Explanation' section with a text area. An 'Attach Document' button is present. 'Previous' and 'Next' buttons are at the bottom.

- i. Provide/input the name, address, and phone number of the entity.
- ii. **Upload** document that has the partner names and addresses by clicking on Attach Document.
- iii. Once completed, click next to continue.

8. Employees page.

- a. Check box by each type of employee to indicate if there are pharmacists, technicians, or interns currently working at this pharmacy.
 - i. There will be options to manually input each employee **OR**
 - ii. To **upload a full listing of pharmacist**, technicians, and intern currently working at this location. Please check the correct boxes for type of employees at the pharmacy, then **upload** document by clicking on Attach Document.
- b. If a manual input is desired for **pharmacists**, click on Click here to Add More for Staff Pharmacists
 - i. Input the pharmacist's license number, name, and average hours worked/week.
 - ii. Click Save.

- c. If a manual input is desired for **technicians**, click on Click here to Add More for Registered Technicians
 - i. Input the technician's registration number, name and average hours worked/week.
 - ii. Click Save.

- d. If a manual input is desired for **interns**, click on Click here to Add More for Pharmacist Intern
 - i. Input the intern's registration number, name, and average hours worked/week.
 - ii. Click Save

- e. When complete, click next.

9. Prescription Drug Monitoring Program (PDMP) page. Select one of the options.

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

a. If this location will be reporting to the PDMP and the first box was chosen, click next to continue.

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 is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen, choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP.

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

Previous Next

i. If Dispenser NEVER dispenses ANY controlled substance in Schedule II, III, and IV (includes CV) in or into State of South Dakota, provide/input 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

ii. If Other is selected, provide/input 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

c. Once complete, click next to continue.

10. Regulatory Question page.

REGULATORY QUESTION

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, 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) that was not been reported on the last renewal? Yes No

Has the pharmacy been disciplined in the last four (4) years by any state or federal entity? Yes No

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a. Answer yes or no to each question.

i. If both questions are answered no, click next to continue.

ii. If either question is answered yes, **upload** document(s) regarding the incident(s) by clicking on Attach Document.

REGULATORY QUESTION

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, 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) that was not been reported on the last renewal? Yes No

* Court Document(s)

[Attach Document](#)

Has the pharmacy been disciplined in the last four (4) years by any state or federal entity? Yes No

* Attach discipline document(s)

[Attach Document](#)

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b. Once complete, click next to continue.

11. 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 vertical scroll bar to review the completed application.
- Once review is complete, click Next to continue.

APPLICATION INPUT PREVIEW

NON-RESIDENT INSTRUCTIONS

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

RENEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this (Check all that apply):

Renew

Change of Ownership

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

PHARMACY INFORMATION AND DEA LICENSE

Non-Resident Pharmacy Information

Legal Name of Business (must be the same as DEA title, if applicable) DBA Name (will also appear on SD Non-Resident license)

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12. Affirm and Submit page.

- Select the checkbox to certify.
- Type in full name for the E-Signature.
- Date and Renewal Fee will auto-populate.
- Select Debit or Credit from the drop-down menu.
- Select Card Type from drop-down menu.
 - Note: Mastercard, Visa, and American Express are accepted.**
- Enter the Person's Name on Card, Card number, Expiration Date, and Security Code.
- Click Submit.

AFFIRM AND SUBMIT

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 E-Signature	* Date 04/20/2021	Renewal Fee 200.00
* Debit /Credit Select Debit or Credit	* Card Type Select Card Type	* Person's Name on Card Person's Name on Card
* Card # Card #	* Expiration Date (MM/YY) MM/YY	* Security Code (3-digit number) Security Code

Previous Submit

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

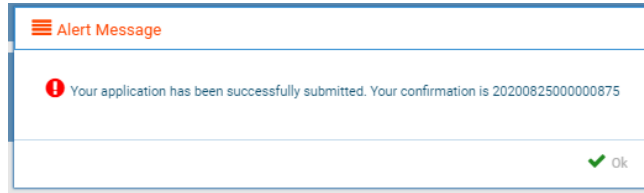
- If any invalid information was entered, an alert message will appear indicating that your card was invalid.

Alert Message

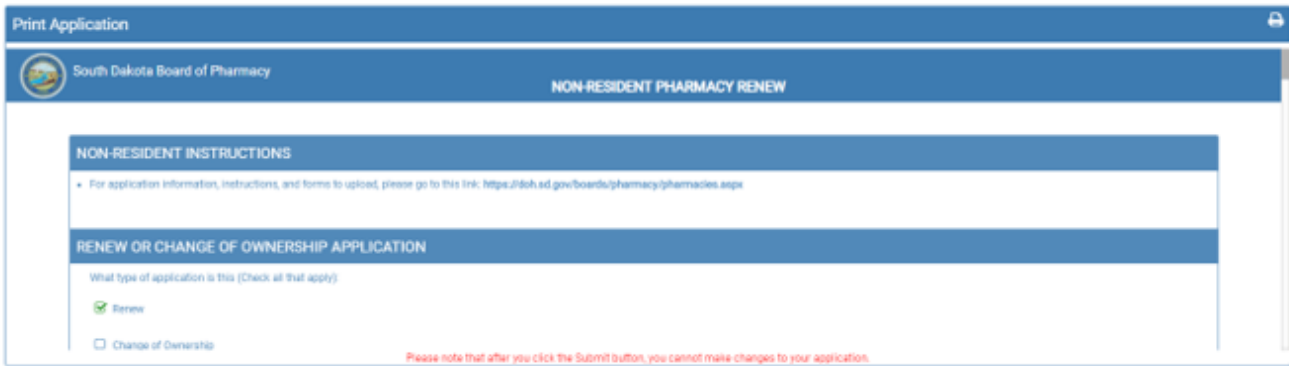
! Your application wasn't successful. Credit Card Number Invalid.

- Click on Ok and re-enter the correct information and click on submit to complete the application.

- ii. Once successfully submitted, you will get a system generated auto reference number, if needed, you can note down that system generated auto reference number for your future reference. Click OK when complete.



- 13. After the alert message, the completed renewal application will show. Two options are available:
 - a. By clicking on My Profile, this will return to the My Profile page.
 - b. This application can be printed by clicking on the printer in the upper right corner.



- 14. Once application is renewed, a no reply email will be sent.

After the Renewal Process – Helpful Information

After the renewal process has been completed, at any time you can log back into this account to:

1. Print your license.

- On the My Profile page in the Registration Information section, click on 'Print' to print your license.
- Licenses are no longer mailed out.

[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 Profile Information [Edit](#)

Business Name License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew Print
				Current/Inactive		

Dismiss All Filters

2. Print a receipt.

- On the My Profile page scroll down to the Payment History section, click on the small printer under the receipt column to the right for the receipt desired.

Payment History

Receipt #	Payment Method	Date Received	Payor	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	Receipt
201904300	Credit Card	04/30/2019	0000	\$200.00	Receipt

Note: Once the license has been renewed, a no-reply email will be sent

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

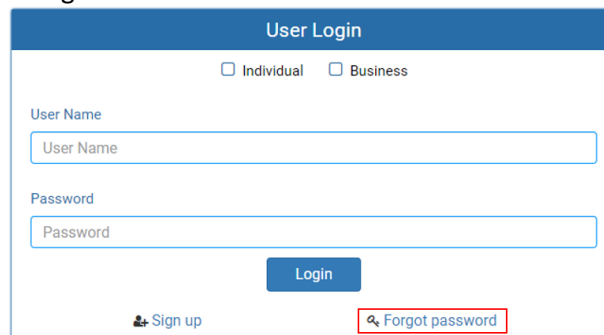
- Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
- This platform does not support the use of a mobile phone.
- If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
- Be sure your pop-up blocker is turned off.
- Firewalls or anti-malware 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 19 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.

