SOUTH DAKOTA BOARD OF PHARMACY

Wholesale & Other Drug Distributors and 503b Outsourcing Facilities

User Guide and
Initial Application Instructions
Valid through 10/31/2024

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General Information

1. License fee is $250 for all licenses except 503b is $200.
2. Payment methods – **Mastercard, Visa, or American Express**.
3. User ID and password must be unique for each licensed facility once license is approved/issued.
4. License renewal period is November 1-December 31 each year.
5. All licenses will expire December 31 each year. There is no grace period.
6. For current South Dakota Statutes and Rules, go to Pharmacy Law Book 2023.

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

1. Online system does not retain any information entered until the application has been submitted and payment process is complete. If you do need to close the application and resume later, be aware that your progress will not be saved.
2. Have all your information and copies of documents for upload ready before beginning the online application process.

Required Documents to be Uploaded --PDF documents are preferred.

1. Current **home state license**, its equivalent, or a written explanation why one is not available.
2. Most recent **home state, FDA, or NABP Drug Distributor Accreditation (formerly VAWD) inspection** conducted within the last 4 years for this facility if home state is not South Dakota.
   a. Explanation if not available.
   b. Include **deficiency corrections or 483 response documentation**.
   c. If 503B Outsourcing Facility, FDA inspection report and 483 correction response documentation is required.
3. Copy of **Federal DEA certificate** if distributing controlled substances.
   a. If DEA Controlled substances are being distributed, a South Dakota Controlled Substance Registration (SD CSR) is required.
      i. ****IMPORTANT**: the SD CSR is changing its number system. Be sure you know your format!**
      ii. If your SD CSR has recently been renewed, the new 5-digit number will be used in the renewal application. There will be a box to check in the application if this is the format for this facility.
      iii. If your SD CSR has **not** recently been renewed, the SD CSR number will be in the format of AB1234567.
4. If **Virtual Manufacturer**, provide:
   a. Contract 3PL name(s), address(es), and copy of agreement(s) first page and signature page only.
   b. 3PL's NABP Drug Distributor Accreditation (formerly VAWD) accreditation information.
   c. Contract Manufacturer name(s), address(es), and copy of agreement(s) first page and signature page only.
   d. Product/NDC List.
5. If **Virtual Distributor**, provide:
   a. Contract 3PL name(s), address(es), and copy of agreement(s) first page and signature page only.
   b. 3PL's NABP Drug Distributor Accreditation (formerly VAWD) accreditation information.
6. If **Private Label Distributor**, provide:
   a. Product/NDC List.
7. A **list of other state(s)** where entity is licensed in.
8. **Owner or Corporate Officer Certification** form.
   a. Form can be found at: Corp Officer Certification Form
   b. If a power of attorney is being used, the power of attorney document(s) must be provided **with** the Owner or Corporate Officer Certificate Form.
9. If ownership is a partnership, corporation, or LLC, a document listing the **partners/officers/members names and addresses**. If **Other** is selected as ownership, a **document with ownership explanation** is needed.
10. **Discipline** actions. An explanation of felony, misdemeanor, or disciplinary action(s), if applicable, is required if this occurred in last seven (7) years.
    a. Explanation information needed on separate sheet of paper is a signed and dated explanation and copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

After Application Submission Information. After your application has been submitted, the Board will:

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

After the license is approved/issued and the profile account is set up, you will be able to do the following:

1. Print facility license: See information on page 21, item b.iv.
2. Print a payment receipt: See information on page 23, item g.iii.

Licensure status can also be verified at:

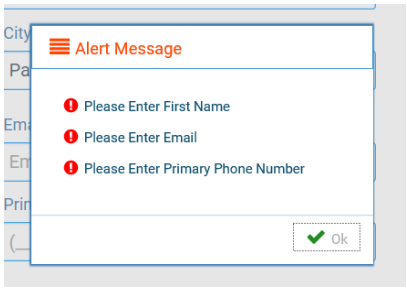
1. Verification page: Online Verification Site
2. Note: This is not your license. See item b on page 6 to print your license.

Change Notification Form information:

1. If there is a change in designated representative, entity name, or entity location, please submit a completed notification form along with any supporting documentation.
2. Form and instructions can be found at this link: Change Notification Form

General Notes

1. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
2. Mandatory fields are marked with a red asterisk * in all screens.
   a. All mandatory fields must be entered before clicking on Next.
   b. If mandatory fields are not entered, you will get an alert message, like below, to enter those fields:

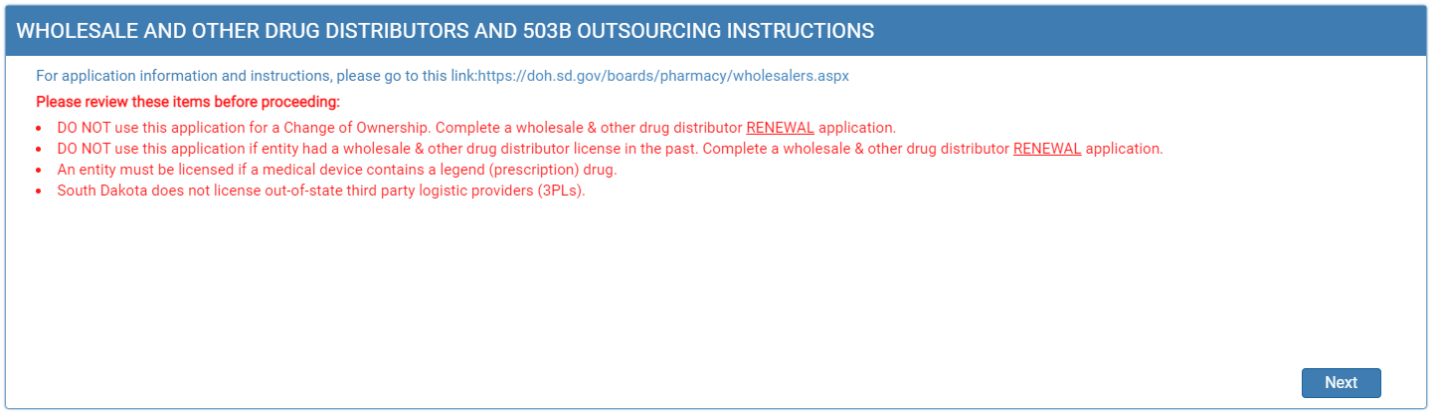


Initial Application Begins Here

1. Link to begin initial application: Click on this link to start the application: Wholesale Drug Application

2. Wholesale and Other Drug Distributors and 503b Outsourcing Instructions page.

a. You will be directed to the Wholesale and Other Drug Distributors and 503b Outsourcing Instructions page with a link to the application information and instructions.
b. Please review other information prior to proceeding.
c. Click Next to begin application.



3. **Wholesale & Other Drug Distributors and 503b Outsourcing Information** page.
   a. **Wholesale & Other Drug Distributors Information** section.

i. Legal Name of Business: Enter Legal Name of Business.
ii. DBA Name, if applicable: Enter dba of business, if applicable.
iii. Address1: Enter address of business.
iv. Address2/Address3: Enter additional address information of business, if needed.
v. Zip: Enter zip code of business.
vi. City: Enter city of business.
vii. State: From drop-down menu, select state business is located.
viii. County: From drop-down menu, select county business is located.
    1. If county is **outside state of South Dakota, select Outside of SD.**
ix. Responsible Person at Firm: Enter name of responsible person at firm.
x. Responsible Person Title: Enter title of responsible person at firm.
xi. Email: Enter email for business or responsible person.
xii. Phone Number: Enter phone number of business.
xiii. Fax Number: Enter fax number of business.

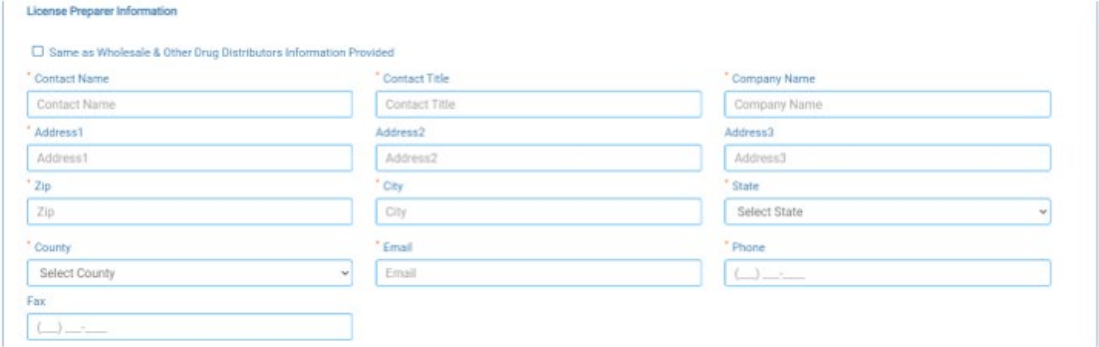
b. **Legal name of Parent Company Headquarters/Corporate Office** section.
i. Name: Enter legal name of parent company headquarters/corporate office.
ii. Address 1: Enter address of legal parent company headquarters/corporate office.
iii. Address2/Address3: Enter additional address information of parent company headquarters/corporate office, if needed.
iv. Zip: Enter zip code of parent company headquarters/corporate office.
v. City: Enter city of parent company headquarters/corporate office.
vi. State: From drop-down menu, select state of parent company headquarters/corporate office.
vii. County: Enter county of parent company headquarters/corporate office.
    1. If county is outside state of South Dakota, select Outside of SD.
viii. Legal Phone: Enter phone number of parent company headquarters/corporate office.
ix. Legal Fax: Enter fax number of parent company headquarters/corporate office.

c. **License Preparer Information** section.
i. Same as Wholesale & Other Drug Distributors Information Provided:

1. Click box if License Preparer is the <u>same</u> as Wholesale & Other Drug Distributors Information section.

ii. If License Preparer is <u>different</u> than the Wholesale & Other Drug Distributors Information provided, provide the following information:

1. Contact Name: Enter name of license preparer.
2. Contact Title: Enter title of license preparer.
3. Company Name: Enter company name of license preparer.
4. Address1: Enter address of license preparer.
5. Address2/Address3: Enter additional address information of license preparer, if needed.
6. Zip: Enter zip code of license preparer.
7. City: Enter city of license preparer.
8. State: From drop-down menu, select state of license preparer.
9. County: From drop-down menu, select county of license preparer.
   a. If county is outside of state of South Dakota, select Outside SD.
10. Email: Enter email of license preparer.
11. Phone: Enter phone number of license preparer.
12. Fax: Enter fax number of license preparer.

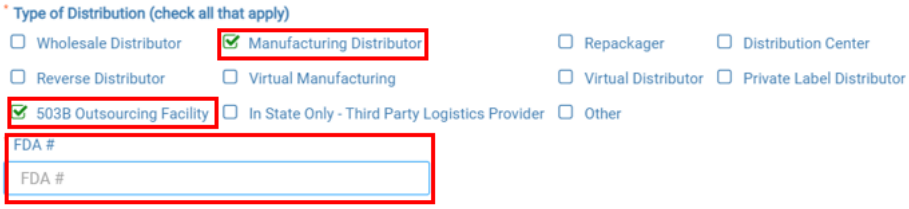


d. **Type of Distribution** section.

i. Select all that apply.

ii. If selecting **Manufacturing Distributor** and/or **503B Outsourcing Facility:**

1. FDA#: Enter your FDA number in the text box.

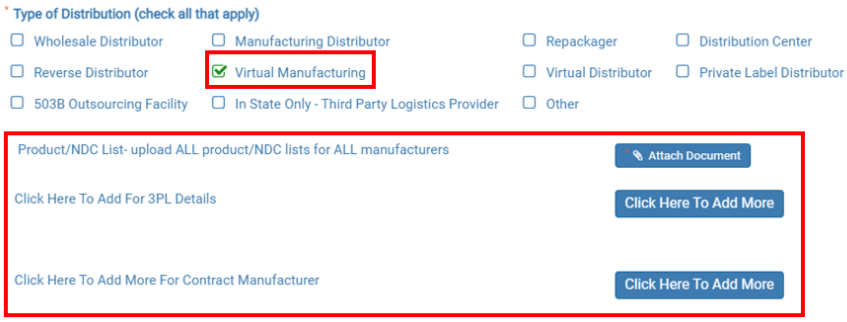


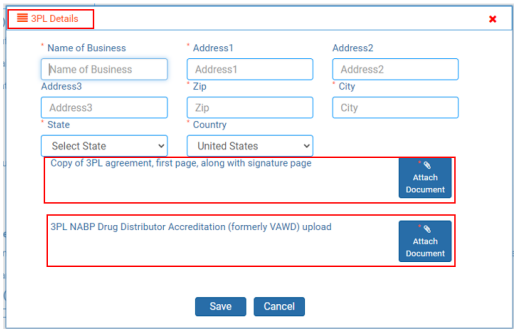
iii. If selecting **Virtual Manufacturing**, the following information is needed:

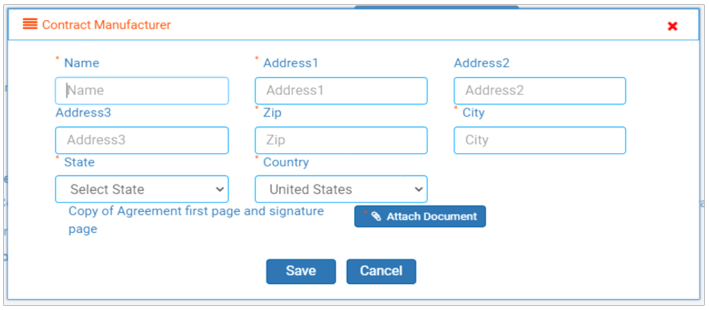
1. Product/NDC List – upload ALL product/NDC lists for ALL manufacturers: Click on Attach Document to upload a document that contains all products/NDC lists for ALL manufacturers.
2. Click Here to Add for 3PL Details: Click on Click Here to Add More.
   a. You will get a pop-up box to enter the following information:
   b. Name of Business: Enter name of 3PL.
   c. Address 1: Enter address of 3PL.
   d. Address2/Address3: Enter additional address information of 3PL, if needed.
   e. Zip: Enter zip code of 3PL.
   f. City: Enter city of 3PL.
   g. State: From drop-down menu, select state of 3PL.

h. Country: From drop-down menu, select country of 3PL.
i. Copy of 3PL agreement, first page along with signature page: Click on Attach Document to upload a copy of the 3PL agreement (first page and signature page).
j. 3PL NABP Drug Distributor Accreditation (formerly VAWD) upload: Click on Attach Document to upload a copy of the NABP Drug Distributor Accreditation.
k. Click Save.
l. If there are more than one 3PL being used, click on Click here to add more 3PL details.
    1. Provide information as in items a-l in this section.

3. Click Here to Add More for Contract Manufacturer Agreement (CMA): click on Click Here to Add More.
    a. You will get a pop-up box to enter the following information:
    b. Name: Enter name of Contract Manufacturer.
    c. Address 1: Enter address of Contract Manufacturer.
    d. Address2/Address3: Enter additional address information of Contract Manufacturer, if needed.
    e. Zip: Enter zip code of Contract Manufacturer.
    f. City: Enter city of Contract Manufacturer.
    g. State: From drop-down menu, select state of Contract Manufacturer.
    h. Country: From drop-down menu, select country of Contract Manufacturer.
    i. Copy of agreement, first page and signature page: Click on Attach Document to upload a copy of the Contract Manufacturer Agreement (CMA, first page and signature page).
    j. Click Save.
    k. If there are more than one Contract Manufacturer being used, click on Click here to add more contract manufacturer.
        1. Provide information as in items a-j in this section.

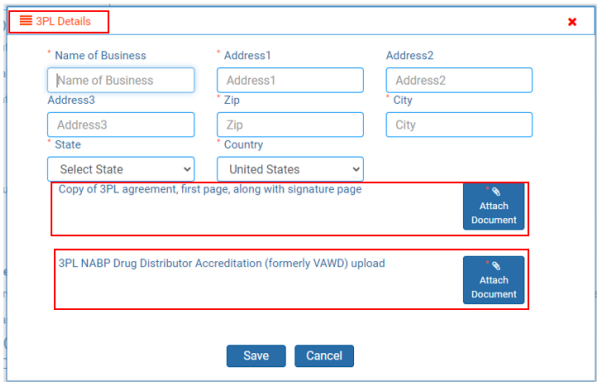






iv. If selecting **Virtual Distributor**, the following information is needed:

1. Click Here To Add For 3PL Details: Click on Click Here to Add More.
   a. You will get a pop-up box to enter the following information:
   b. Name of Business: Enter name of 3PL.
   c. Address 1: Enter address of 3PL.
   d. Address2/Address3: Enter additional address information of 3PL, if needed.
   e. Zip: Enter zip code of 3PL.
   f. City: Enter city of 3PL.
   g. State: From drop-down menu, select state of 3PL.
   h. Country: From drop-down menu, select country of 3PL.
   i. Copy of 3PL agreement, first page along with signature page: Click on Attach Document to upload a copy of the 3PL agreement (first page and signature page).
   j. 3PL NABP Drug Distributor Accreditation (formerly VAWD) upload: Click on Attach Document to upload a copy of the 3PL's NABP Drug Distributor Accreditation.
   k. Click Save.
   l. If there is more than one 3PL being used, click on Click Here to Add More 3PL details.
      1. Provide information as in items a-k in this section.



v. If selecting **Private Label Distributor**, the following information is needed:

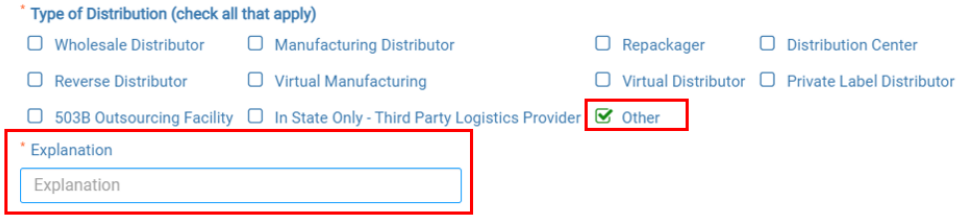
1. Product List – upload ALL product lists for all manufacturers: Click on Attach Document to upload your Product/NDC list.

vi. If selecting **In State Only Third-Party Logistics Provider**:

1. Only a third-party logistics providers located **<u>in South Dakota</u>** may be licensed as a Third-Party Logistics Provider.
2. **Note**: If the licensee is Out of State (outside the state of South Dakota), you will not see the In State Only – Third Party Logistics provider option under Type of Distribution tab.

vii. If selecting **Other:**

1. Explanation**:** Enter an explanation of type of distribution done in the text box.



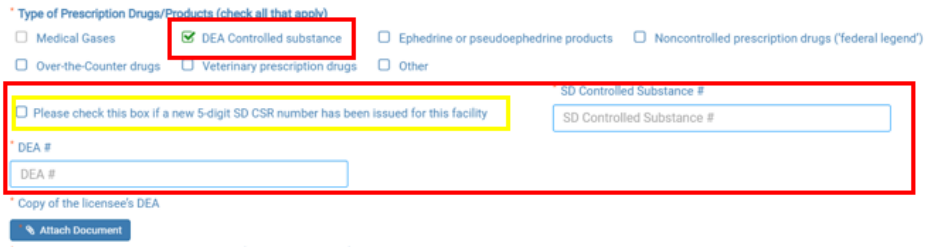
viii. When all information and upload(s) are complete, click Next to continue.

e. **Type of Prescription Drugs/Products** section.

i. Click box in front of each type that applies.

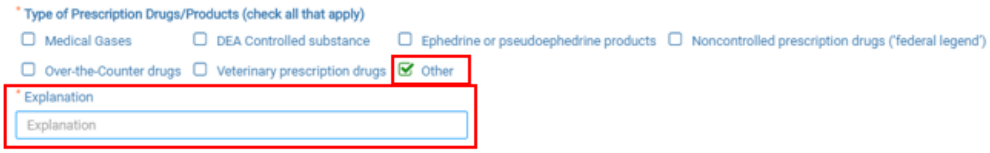
ii. **DEA Controlled Substance** is selected:

1. Please check this box if a new 5-digit SD CSR number has been issued for this facility: Mark this box if your South Dakota Controlled Substance Registration (SD CSR) has recently renewed with a 5-digit number.
2. SD Controlled Substance #: **If box was checked due to facility recently renewing your SD CSR**, enter the 5-digit number. **If box was <u>not</u> checked**, enter your SD CSR in the format AB1234567.
3. DEA #: Enter the facility DEA number in text box.
4. Copy of the licensee's DEA: Click on Attach Document to upload a copy of your current Federal DEA Certificate.



iii. If selecting **Other**:

1. Explanation: Enter information on type of drugs/products facility provides in text box.

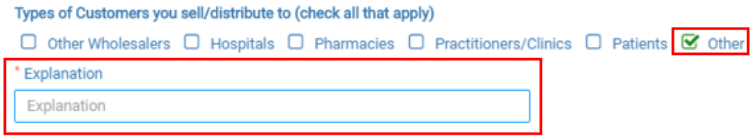


f. **Types of Customers you sell/distribute** section.

i. Click box in front of each type that applies.

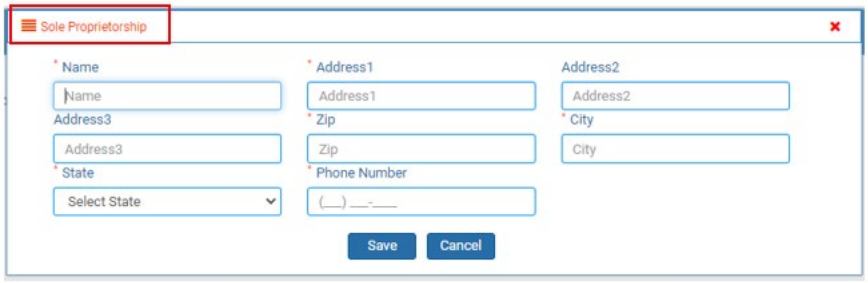
ii. If **Other** is selected:

1. Explanation: Enter who you sell/distribute to in the text box.

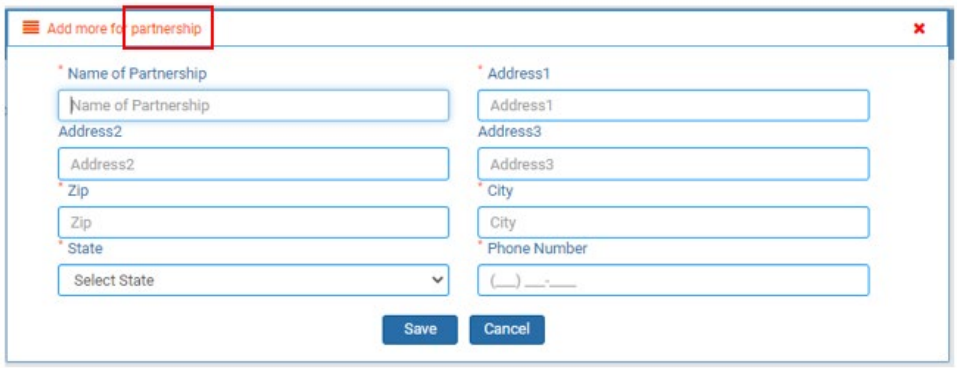


g. When all information and upload(s) are completed, click Next to continue.

4. **Ownership** page.
   a. **Select one option**: Select box in front of either Sole Proprietorship, Partnership, Corporation, LLC, or Other.
   b. If selecting **Sole proprietorship**:
      i. Name and Address of Sole Proprietorship: Click on Click Here.
         1. You will get a pop-up box to enter the following Sole Proprietorship business information:
      ii. Name: Enter the name of the person/owner.
      iii. Address1: Enter address of person/owner.
      iv. Address2 or Address3: Enter additional address information of person/owner, if needed.
      v. Zip: Enter zip code of person/owner.
      vi. City: Enter city of person/owner.
      vii. State: From drop-down box select state of person/owner.
      viii. Phone Number: Enter phone number of person/owner.
      ix. Click Save when completed.
      x. Click Next to continue.



   c. If selecting **Partnership**:
      i. Name and Address of Partnership: Click on Click Here.
         1. You will get a pop-up box to enter the following partnership business information:
         2. Name of partnership: Enter name of partnership.
         3. Address1: Enter address of partnership.
         4. Address2/Address3: Enter additional address information of partnership, if needed.
         5. Zip: Enter zip code of partnership.
         6. City: Enter city of partnership.
         7. State: From drop-down menu select state of partnership.
         8. Phone number: Enter phone number of partnership.
         9. When completed, click Save.
      ii. Partner/Member/Officer Information: Click on Attach Document to upload document containing name(s) and address(es) of partners.



iii. Click Next to continue.

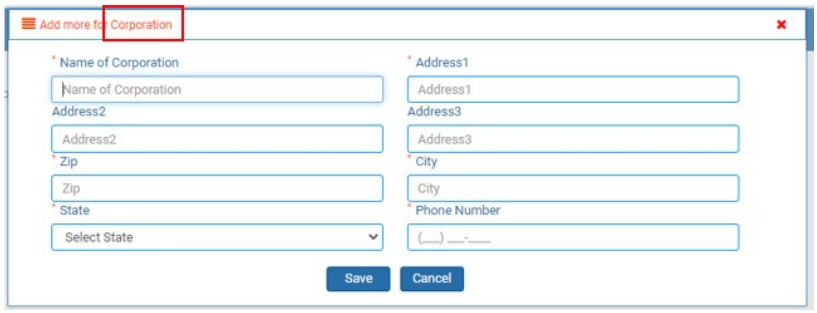
d. If selecting **Corporation**:

i. Name and Address of Corporation: Click on Click Here.

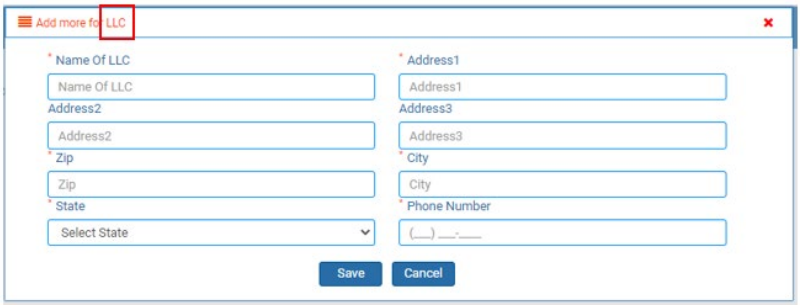
1. You will get a pop-up box to enter the following corporation information:
2. Name of Corporation: Enter name of corporation.
3. Address1: Enter address of corporation.
4. Address2/Address3: Enter additional address information of corporation, if needed.
5. Zip: Enter zip code of corporation.
6. City: Enter city of corporation.
7. State: From drop-down menu select state of corporation.
8. Phone Number: Enter phone number of corporation.
9. When completed, click Save.

ii. Partner/Member/Officer Information: Click on Attach Document to upload document containing name(s) and address(es) of the officer(s).

iii. Click Next to continue.

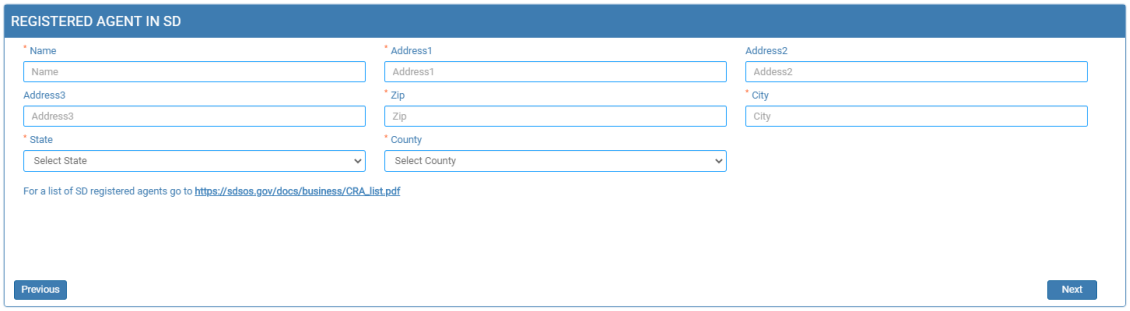


e. If selecting **LLC**:
   i. Name and Address of LLC: Click on Click Here button.
      1. You will get a pop-up box to enter the following LLC business information:
      2. Name of LLC: Enter name of LLC.
      3. Address1: Enter address of LLC.
      4. Address2/Address3: Enter additional address information for LLC, if needed.
      5. Zip: Enter zip code of LLC.
      6. City: Enter city of LLC.
      7. State: From drop-down menu select state of LLC.
      8. Phone Number: Enter phone number of LLC.
      9. When completed, click Save.
   ii. Partner/Member/Officer Information: Click on Attach Document to upload document containing name(s) and address(es) of the member(s).
   iii. Click Next to continue.

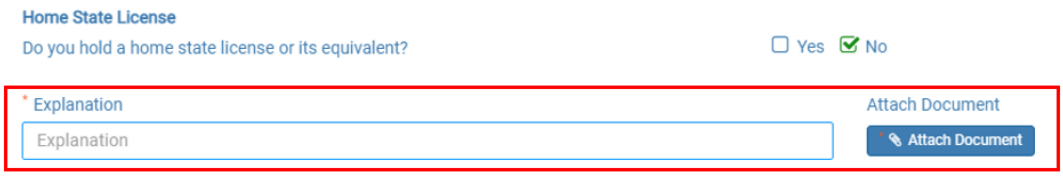


f. If selecting **Other**:
   i. Explanation: Enter information on type of company in text box.
   ii. Partner/Member/Officer Information: Click on Attach Document to upload a document that includes name(s) and address(es) of owner(s).
   iii. Click Next to continue.

5. **Registered Agent in SD** page.
   a. **Note**: this page will only appear if the licensee is <u>outside</u> the state of South Dakota.
   b. If user needs a list of the South Dakota registered agents, click on the link.
   c. Name: Enter name of South Dakota registered agent.
   d. Address1: Enter address of South Dakota registered agent.
   e. Address2/Address3: Enter additional address information of South Dakota registered agent, if needed.
   f. Zip: Enter zip code of South Dakota registered agent.
   g. City: Enter city of South Dakota registered agent.
   h. State: From drop-down menu select South Dakota.
   i. County: From drop-down menu select county of South Dakota registered agent.
   j. Click Next to continue.

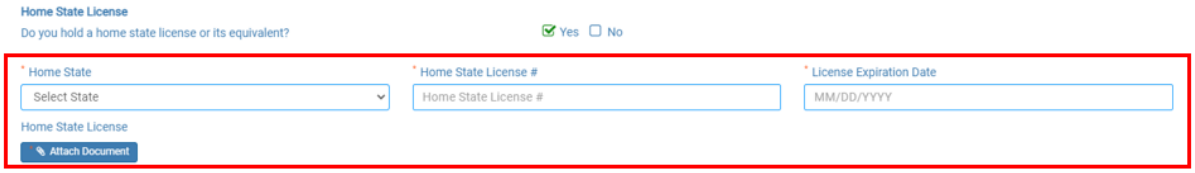


6. **Home State License/Inspection** page.
   a. **Note**: this page will only appear if the licensee is <u>outside</u> the state of South Dakota.
   b. **Home State License** section.
      i. "Do you hold a home state license or its equivalent": Answer by clicking the yes or no box.
         1. If no is selected:
            a. Explanation: Provide an explanation in text box.
            b. Attach Document: Click on Attach Document to upload your explanation.



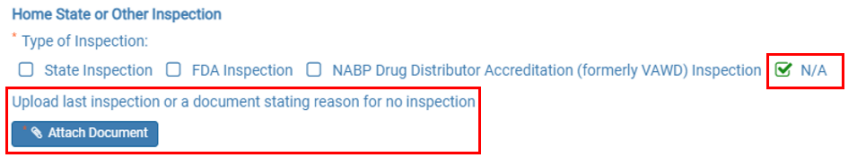
      ii. If yes is selected:
         1. Home State: Select home state licensed in from the drop-down menu.
         2. Home State License #: Enter the home state license number.
         3. License Expiration Date: Enter the home state license expiration in MM/DD/YYYY format.

4. Home State License: Click on Attach Document to upload a copy of your current home state license or its equivalent.

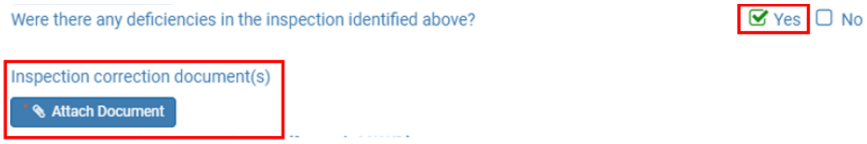


c. **Home State or Other Inspection** section.
   i. Type of inspection: Select box in front type of inspection being submitted.
   ii. Date of Last Inspection: Enter the date of the most recent inspection in MM/DD/YYYY format.
   iii. Upload last inspection or document stating reason for no inspection: Click on Attach Document to upload a copy of the most recent inspection or a document that provides reason for no inspection.

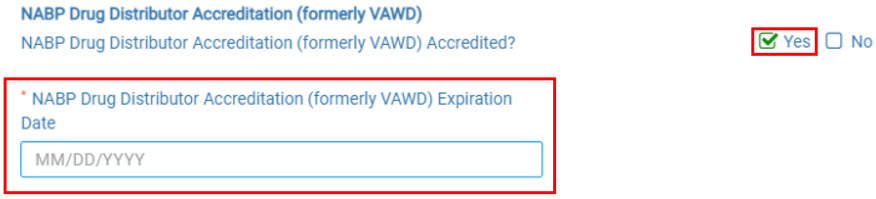
   iv. If the 'N/A' option was selected: Click on Attach Document to upload a document stating the reason of no inspection.



   v. "Were there any deficiencies in the inspection identified above?": Click yes or no box.
      1. If answered yes: Click on Attach Document to upload the inspection corrections documentation.



d. **NABP Drug Distributor Accreditation (formerly VAWD)** section.
   i. "NABP Drug Distributor Accreditation (formerly VAWD) Accredited?": Click on yes or no box.
      1. If answered yes: Provide the expiration date of accreditation in MM/DD/YYYY format.



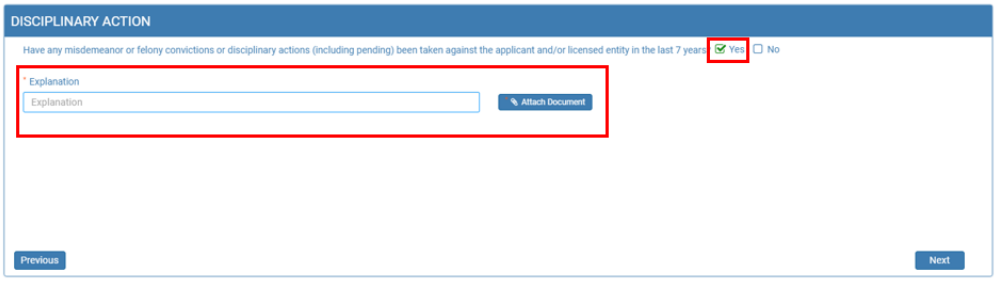
e. **States Licensed In** section.
   i. List other states licensed in:
      1. List each and every state licensed in text box and separate each state by a comma.
      2. Use state abbreviations if entering in text box.

ii. **OR** click on box in front of See attached. If See attached box is selected: Click on Attach Document to upload a document listing all states licensed in.

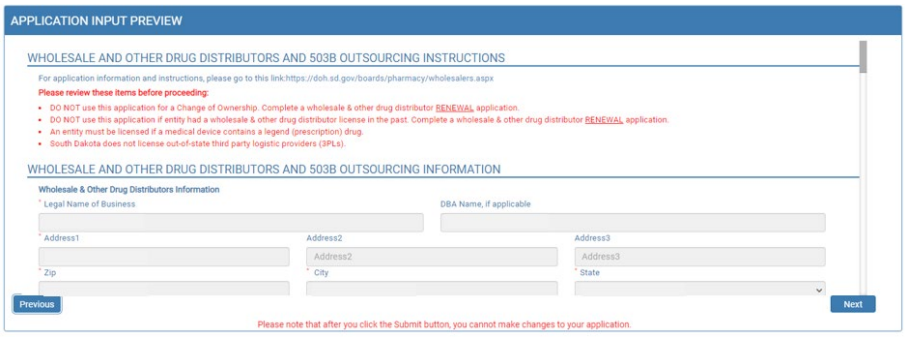
f. Click Next to continue once all information is completed and document(s) are uploaded.

7. **Owner Certification** page.
   a. Owner or Corporate Officer Certification Form: Click on Attach Document to upload the completed Owner or Corporate Officer Certification Form.
      i. The Owner or Corporate Officer Certification Form must be signed with original ink or an e-signature will be accepted that is similar to E-Signature by Adobe Sign.
      ii. If a power of attorney is being used, the power of attorney document(s) must be provided **with** the Owner or Corporate Officer Certificate Form.
   b. Click Next to continue.

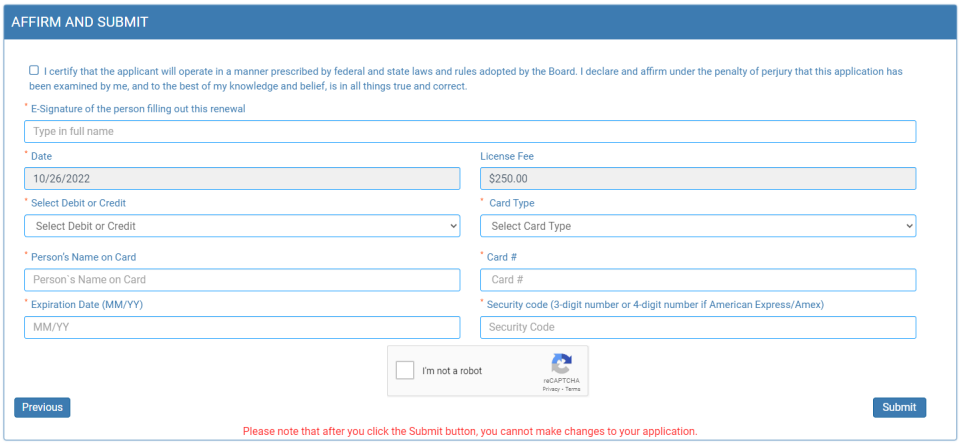
8. **Disciplinary Actions** page.
   a. "Have any misdemeanor or felony convictions or disciplinary actions (including pending) been taken against the applicant and/or licensed entity in the last 7 years?": Click the yes or no box.
      i. If answered no: Click Next to continue.
      ii. If answered yes:
         1. Explanation: Provide an explanation in the text box.
         2. Attach Document: Click on Attach Document to upload legal documentation of the felony, misdemeanor, or disciplinary actions.
         3. When complete, click Next to continue.



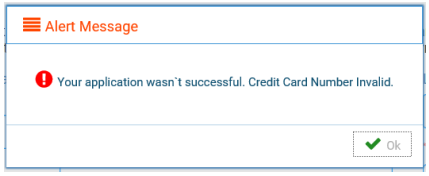
9. **Application Input Preview** page.
   a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous button and correct in the appropriate screens.
   b. Use the vertical scroll bar to review the completed application.
   c. Once review is complete, click Next to continue.



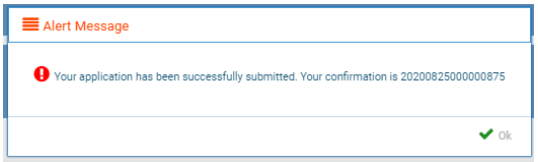
10. **Affirm and Submit** page.
   a. Read and understand the statement at the top, then check the affirmation checkbox.
   b. E-Signature of the person filling out the renewal: Enter full name of person filling out the application.
   c. Date and License Fee amount will be auto populated.
   d. Select Debit or Credit: From drop-down menu, select debit or credit for type of credit card being used.
   e. Card Type: From drop-down menu, select type of credit card you are using.
      i. **Mastercard, VISA, or American Express accepted**.
   f. Person's Name on Card: Enter name of person that appears on the credit card.
   g. Card #: Enter Mastercard, Visa, or American Express credit card number.
   h. Expiration date: Enter credit card expiration date in MM/YY format.
   i. 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.
   j. I am not a Robot: Click box in front of this statement.
   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. You will get a confirmation number if successful.
   n. You **must** click on the affirmation checkbox to the attestation information, enter your credit card information and click on Submit button to complete the application.



   o. If any invalid information was entered, an alert message will appear indicating that your credit card was invalid.
      i. Click on Ok and re-enter the correct information and click on Submit to complete the application.

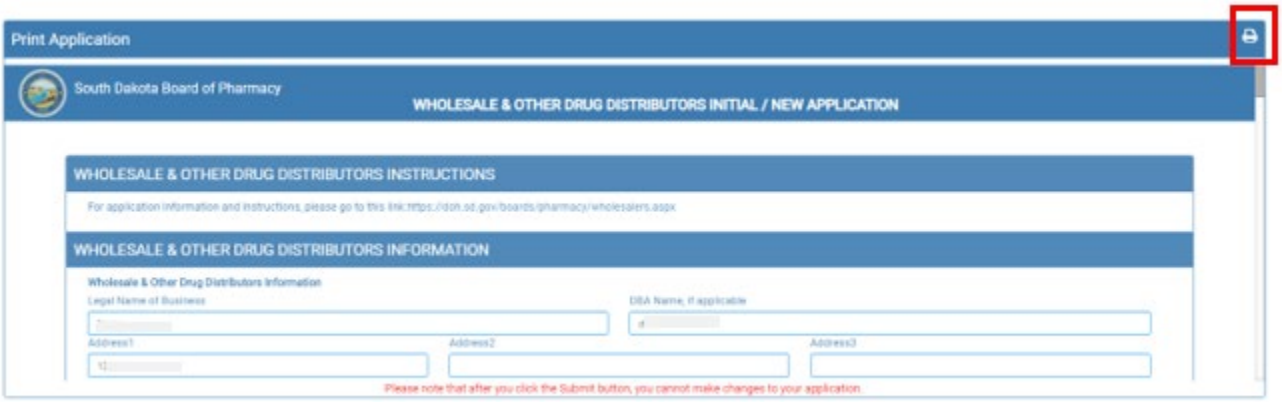


p. Once successfully submitted, you will get a system generated auto reference number, if needed, you can note the system generated auto reference number for your future reference. Click OK when complete.



11. **Print Application** page.

a. When application has been submitted, the application can be printed by clicking on the printer button in the upper right-hand corner.

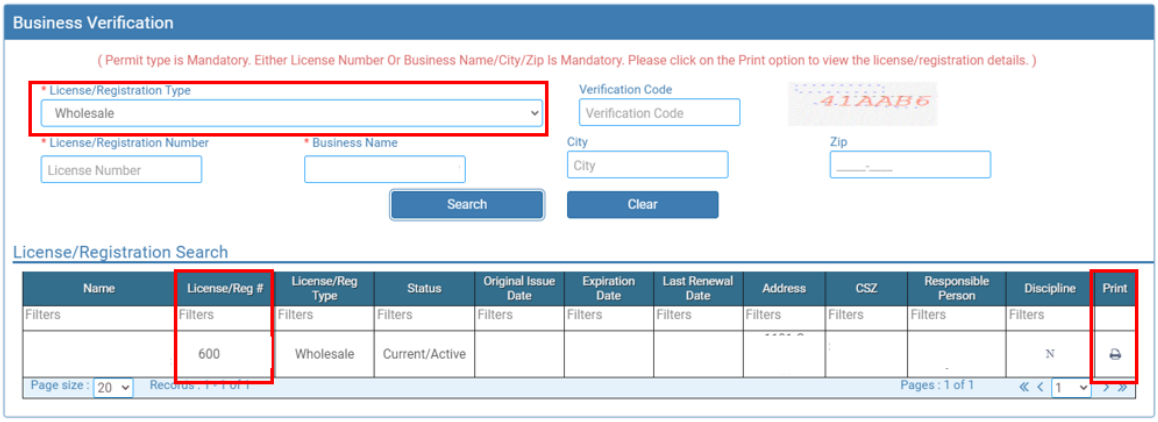


AFTER LICENSE HAS BEEN ISSUED
HOW TO SET UP PROFILE / ONLINE ACCOUNT
MY PROFILE PAGE INFORMATION

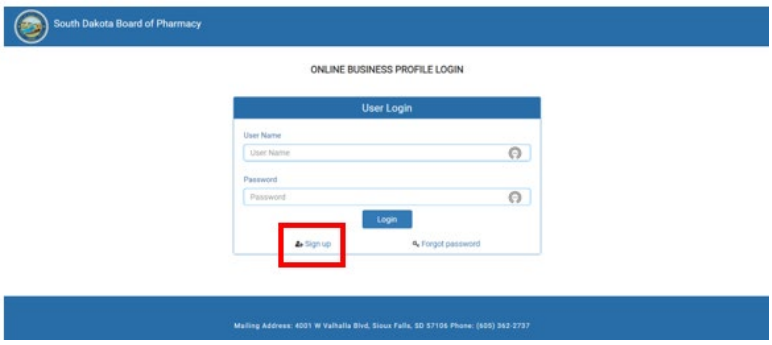
To Set Up Your Profile / Online Account – Start Here

To set up an account and be able to *print your license*, follow these instructions:

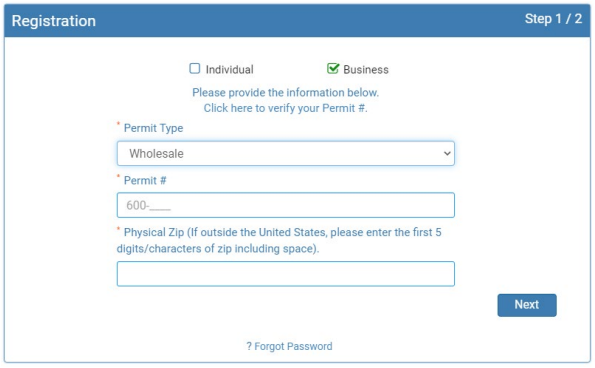
1. Verify your license number at this link: https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx
   a. License/Registration Type: Select Wholesale.
   b. Verification code: Enter the code to the right of this box that is on your screen.
   c. Business Name: Enter the business name used in your initial application.
   d. Click search.
   e. License/Registration Search: If the license has been issued, results will appear at the bottom of the page in this section.
      i. Under the print column, click on the print icon to print a copy of the verification.
      ii. Note: This is not your license. See item 6b to print your license.
   f. **Retain license number to set up online Profile**.



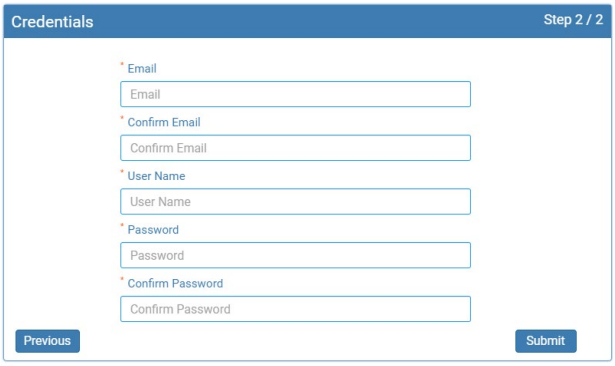
2. **User Login** page.
   a. After confirming your license number, begin setting up your account by clicking on this link (**Bookmark this page**): https://sdbop.igovsolution.net/online/User_login.aspx
   b. Click on Sign Up as shown below:



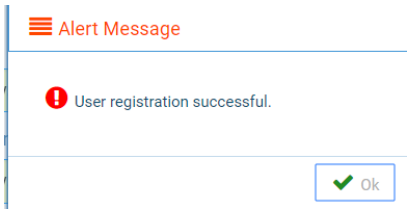
3. **Registration** page.
   a. This information must match what is on your current license.
   b. Business: Click box in front of Business at the top.
   c. Permit Type: Select Wholesale from the drop-down menu.
   d. Permit #: Enter the last four digits of the license number.
   e. Physical Zip: Enter the zip code of the facility.
   f. Click Next.



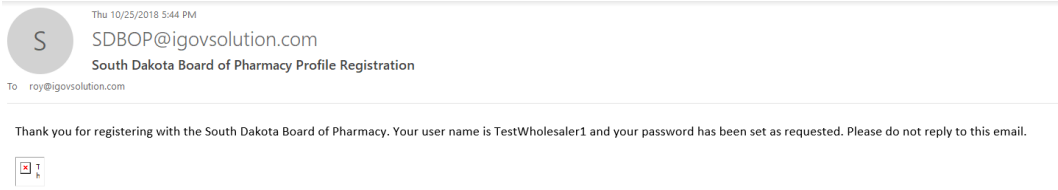
4. **Credentials** page.
   a. ***Retain this information for future reference and use – this information will be used to annually renew your license.***
   b. Email: Enter a valid email.
   c. Confirm Email: Enter the same email as entered in item #4b.
   d. User Name: Enter your user name.
   e. Password: Enter a password. There is not a specified format for the password.
   f. Confirm Password: Enter same password as used in item #4e.
   g. Click Submit.



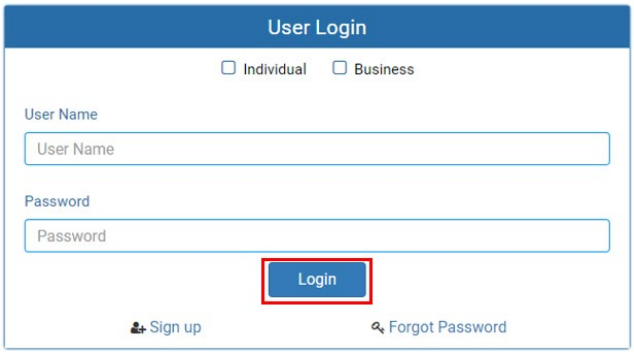
   h. User registration of online account is successful when this alert message appears.
   i. Click OK.
   j. You will be returned to the log in page.



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



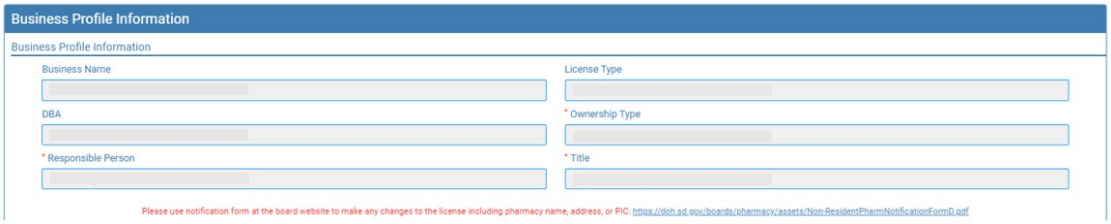
5. **User Login** page.
   a. Business: Click box in front of Business at the top.
   b. User Name: Enter your User Name used to set up the account.
   c. Password: Enter your password used to set up the account.
   d. Click Login.
   e. You will be directed to the My Profile page.



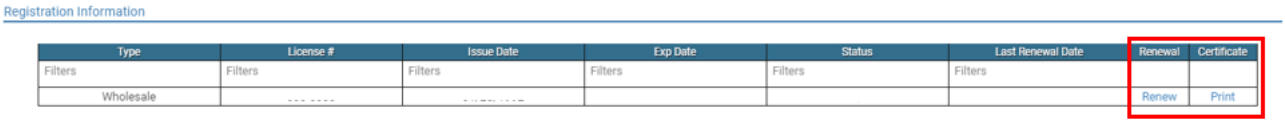
My Profile Page Information

Once logged into your online account, The My Profile page is available.

6. **MY PROFILE** page**.**
   a. **Business Profile Information** section.
      i. This is not an editable section.
      ii. Fields in this section include the Business Name, License Type, DBA, Ownership Type, Responsible Person, and Title.



   b. **Registration Information** section.
      i. This is not an editable section.
      ii. Fields in this section include license information details including Type, License#, Issue Date, Exp. Date, Status, Last Renewal Date, Renewal, and Certificate.
      iii. Renewal column.
         1. When renewal period is open, click on the blue renew to begin renewal of license.
      iv. Certificate column. **Print license from this column**.
         1. Click on the blue print in the column to print a pdf of your license.

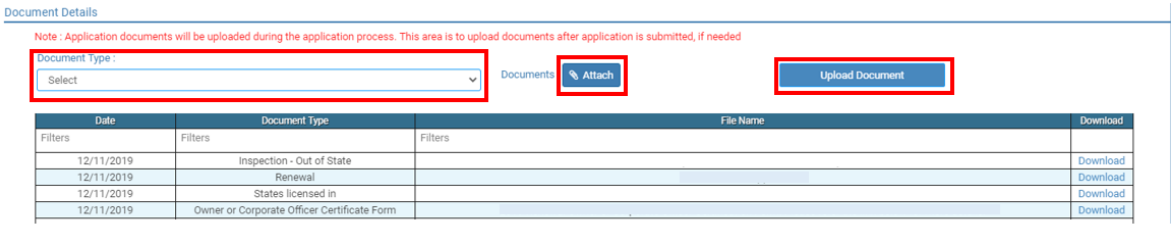


   c. **Primary Address** section.
      i. This is not an editable section.
      ii. Fields in this section include the physical location of the business including Address, City, State, County, and Zip.

d. **Mailing Address Information** section.
   i. This is an editable section.
   ii. This is the mailing address information if this is different from the physical address location.
   iii. Fields in this section include Address, City, State, and Zip.
   iv. To update this section, click the edit button.
      1. Update the necessary information.
      2. Once complete, click Submit.

e. **Contact Information** section.
   i. This is an editable section.
   ii. This section contains the Phone, Alternate Phone, E-mail, and Fax of the business.
   iii. To update this section, click the edit button.
      1. Update the necessary information.
      2. Once complete, click Save.

f. **Document Details** section.
   i. This section contains all the documents uploaded as part of the initial or renewal application.
   ii. This section can be used if the licensee would like to upload any additional documents <u>outside of the renewal time period.</u>
      1. **Note**: DO NOT upload documents here that will be uploaded during the renewal process.
   iii. To upload a document:
      1. Document Type: Select type of document from the drop-down list.
      2. Use the Attach button to select/browse the file from the local folder.
      3. Then click on the Upload document.
   iv. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.



g. **Payment History** section. **A receipt can be printed here.**
   i. This is not an editable section.
   ii. This section contains payments made for licensure. Fields include Receipt #, Payment Method, Date Received, Payer, Amount, and Receipt.
   iii. Receipt column: To print a receipt, click on the printer in the receipt column for the receipt needed to download a pdf of the receipt.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
20191211(	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

h. **Renewal Details** section.
   i. This is not an editable section.
   ii. Fields include Order ID, License Number, Renewal Date, Status, E-Signature, and Print.
   iii. Status column.
      1. If status is Pending, license is not yet renewed. If status is Cleared, license is renewed.
      2. If status is Cleared, then in the Registration Information section the updated license expiration date and last renewal date will show.
   iv. Print column.
      1. Click on the printer to print your renewal application that has been submitted online.

Renewal Details

Order ID	License Number	Renewal Date	Status	E-Signature	Print
Filters	Filters	Filters	Filters	Filters	
20181027000000001	600-0000	10/27/2018	Clear	Test Wholesaler	
20181027000000002	600-0000	10/27/2018	Pending	Test Wholesaler	

TROUBLE SHOOTING AND OTHER TIPS

I'm having trouble getting through the licensing process.

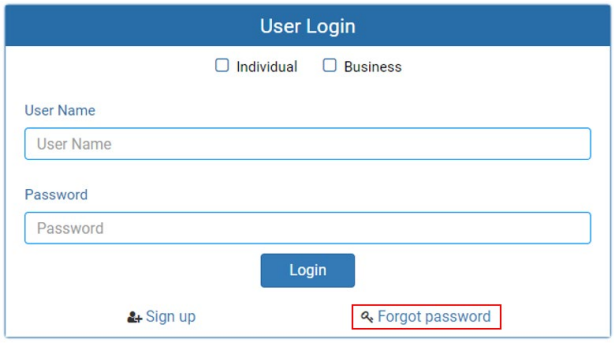
1. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Be sure your pop-up blocker is turned off.
5. Firewalls or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

Tips

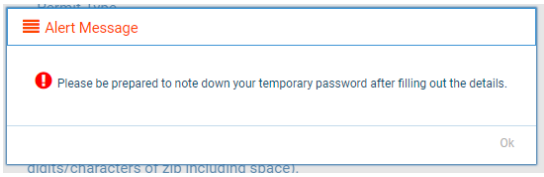
1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD documents on the My Profile page for a new or renewal application.
3. ***Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.***
4. At the top of your licensure documentation, if it includes "This is a Primary Source Verification" – **NOTE: THIS IS NOT YOUR LICENSE.**
   a. Refer to item #6b on page 21 to see how to print your license.

Reset Password

1. At the **User Login** page, click on Forgot Password.

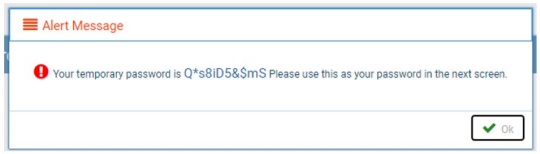


2. You will get a pop-up alert message.
   a. **PLEASE NOTE THIS**: *Please be prepared to write down your temporary password after filling out the details.*
   b. Click OK.

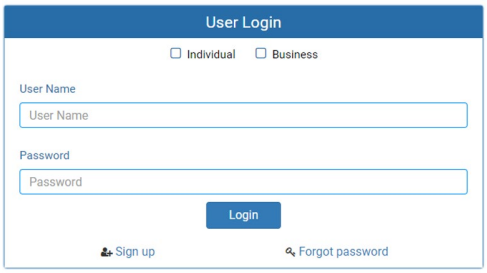


3. **Password Recovery** page.
   a. Business: Click box in front of Business at the top.
   b. License type: Select Wholesaler from the drop-down menu.
   c. License number: Enter your license number in 600-XXXX format.
   d. Zip: Enter first 5 digits/characters of zip code.
   e. Click Next.

4. An Alert message will appear. **BE SURE TO RETAIN THIS PASSWORD**.
   ***Helpful hint*:** Open a word document, then copy/paste the temporary password into the word document.
   a. Once the temporary password has been written down, Click OK.



5. Return to the **User Login** page.
   a. Business: Click box in front of Business at the top.
   b. User Name: Enter your User Name.
   c. Password: Input the <u>temporary password</u> from the Alert Message. If you copied password into a word document, copy and paste the temporary password into the password text box.
   d. Click Log In.



6. **Credentials** Page
   a. Old Password: Enter your <u>temporary password</u> 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.
   b. New Password: Enter a new password.
   c. Confirm the New Password: Enter your new password.
   d. Click Submit.
   e. You will return to the log in page.
   f. Business: Click box in front of Business at the top.
   g. User Name: Enter your User Name.
   h. Password: Enter new password from item 6b.
   i. Click Log In.