



INSTRUCTIONS FOR PHARMACY TECHNICIAN REGISTRATION

IMPORTANT: KEEP THIS PAGE FOR YOUR RECORDS

To become a Pharmacy Technician, you must complete the Pharmacy Technician Registration Application, Affidavit of Eligibility Form and submit a copy of your driver's license or DMV picture ID.

Examination

A person applying to become a registered Pharmacy Technician **is not required** to take an examination to become a registered Pharmacy Technician.

Employment

After you have received your registration and begin employment, you **must** notify the Board in writing of your employment or submit the Change of Employment form whenever you begin or change employment. The form is available on the Board of Pharmacy website: www.llr.sc.gov/pol/pharmacy.

Continuing Education

SECTION 40-43-130-(G)(1)(4)

In order to renew your registration each year, you must complete ten hours of continuing education. Four (4) of those hours must be live. All CE hours must be completed before you actually renew the registration.

List of available web sites for CE (Continuing Education) credits

www.rxschool.com

www.scrx.org

www.techlectures.com

www.cedrugstorenews.com

www.powerpak.com

www.freece.com

www.continuingeducation.com/pharmtech

Only ACPE courses are accepted. To determine if a course is L (live) or H (home), the ACPE UPN# will look like this example:

430-000-09-021-H01 or 430-000-09-021-L01

Valid Pharmacy Technician Registration SECTION 40-43-82-(2)(3)

Registrations are valid from July 1 through June 30th each year.

(3) Have you ever held a pharmacist license, pharmacy technician registration or intern certificate? *YES NO

If so, has the license/registration/certificate ever been disciplined? *YES NO

High School Graduate? Yes No

Received GED? Yes No

Graduate of Pharmacy Technician Program? Yes No

On the Job Training as a Pharmacy Technician? Yes No

Are you Nationally Certified as a Pharmacy Technician? Yes No

How many years of experience do you have as a pharmacy technician? _____

IMPORTANT

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

If you are completing this registration form before April 1st, you are required to renew your registration by June 30th. Be advised that you must complete the 10 (4 live and 6 home) continuing education hours before renewing your pharmacy technician registration.

I hereby certify that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for denial of registration. I understand that I must complete 10 hours of continuing education courses (4 live, 6 home study or all live) Before renewing my registration each year.

Signature

Date

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. **Please provide the following on your check: Drivers License#; Full Name; Street Address and Phone Numbers.**

All information requested on this application is mandatory. Failure to provide any requested information will result in the application being returned as incomplete. Personal information provided in this application may be subject to public scrutiny or release under the S. C. Freedom of Information Act or other provision of federal and state law.

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
 being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

Enclose with Application:

- Non-Refundable \$40.00 Fee Check or Money Order payable to SC Board of Pharmacy.**
- Copy of Driver's License or DMV picture ID**
- Verification of Lawful Presence-Affidavit of Eligibility**
- Copy of Social Security Card**

**Mail to: S.C. Board of Pharmacy
P O Box 11927
Columbia, SC 29211-1927**

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.

EMPLOYMENT - After you have received your registration and begin employment, you must notify the Board in writing or by submitting the Change of Employment form whenever you begin or change employment. The form is available on the Board of Pharmacy website: www.llronline.com/pol/pharmacy.

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