

College Clerkship or Rotations

(a)with _____ at _____ from _____ to _____
(a)with _____ at _____ from _____ to _____
(a)with _____ at _____ from _____ to _____
(a)with _____ at _____ from _____ to _____

PREVIOUS EXAMINATION RECORD

If applicant has previously taken the Board examination for Pharmacist licensure in this or other state, he must disclose places, dates and results in the following spaces. (if none, write "none")

(Name of State) (Date) (Passed or Failed)

(Name of State) (Date) (Passed or Failed)

PREVIOUS LICENSURE AS PHARMACIST

(if none, write "none")

(Name of State) (Date Acquired) (License No.) (In Good Standing- Yes or No)

(Name of State) (Date Acquired) (License No.) (In Good Standing- Yes or No)

If licensed in another state, complete current and prior work address (if none, write "none")

(Name of Business) (Street Address) (City) (State) (Zip)

(Name of Business) (Street Address) (City) (State) (Zip)

(Name of Business) (Street Address) (City) (State) (Zip)

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

Applicant must enter the following statement **in full**. "There have been no charges involving a felony or any of the laws relating to controlled substances, intoxicating liquors or the unlawful sales of dangerous drugs brought against me, nor are any now pending." If there have been charges, please explain.

PROOF OF QUALIFICATIONS

To prove age, I enclosed a certified copy of my Birth Certificate.

To substantiate character, education and practical experience claimed, I submit (or have submitted) the necessary affidavits which form a part of this application. A recent photograph properly identified is also submitted.

AFFIDAVIT

I, _____, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Pharmacist in South Carolina.

Applicant's Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public _____

My Commission Expires _____

Seal required here

COLLEGE AFFIDAVIT

(Must be completed by the college, not by the applicant)

This is to certify that _____

attended the _____
(School or College of Pharmacy)

From _____ to _____ From _____ to _____

From _____ to _____ From _____ to _____

From _____ to _____ From _____ to _____

From _____ to _____ From _____ to _____

And on _____ was (or will be prior to examination) granted a diploma of graduation with the degree of _____

(Date) Signed _____ (Dean or Registrar) _____ (Seal)

(Address) _____ (City, State & Zip Code)

CHARACTER VOUCHERS

Voucher A To the Board of Pharmacy of South Carolina

I hereby certify that I am a licensed pharmacist in good standing in the State of _____, my License number being _____.

I further certify that I have been personally acquainted with _____ for _____
(Name of Applicant) (Months/Years)

And that to the best of my knowledge and belief he/she is of good character and is not addicted to the use of alcoholic liquors or narcotic drugs so as to render him/her unfit to practice pharmacy. I hereby recommend him/her as worthy to be licensed to practice pharmacy in South Carolina.

Remarks _____

Please print

Name _____ Signature _____
(Signature to be entered on Photograph also)

Address _____ Date _____

City, State & Zip _____

Voucher B To the Board of South Carolina

I hereby certify that I am a licensed pharmacist in good standing in the State of _____, my License number being _____.

I further certify that I have been personally acquainted with _____ for _____
(Name of Applicant) (Months or Years)

and that to the best of my knowledge and belief he/she is of good character and is not addicted to the use of alcoholic liquors or narcotic drugs so as to render him/her unfit to practice pharmacy. I hereby recommend him/her as worthy to be licensed to practice pharmacy in South Carolina.

Remarks _____

Please print

Name _____ Signature _____

Address _____ Date _____

City, State & Zip _____

DO NOT WRITE ON THIS SIDE
EXAMINATION RECORD

License Number _____

Date of Licensure _____

Disciplinary Actions:

NAPLEX Score _____

Date: _____

MPJE Score _____

Date: _____

NAPLEX Score _____

Date: _____

MPJE Score _____

Date: _____

NABLEX Score _____

Date: _____

MPJE Score _____

Date: _____

Certification of Practical Experience

to _____ on _____

Certification of Practical Experience

to _____ on _____

Certification of Licensure

to _____ on _____

Reciprocity to _____

NABP Inquiry _____

State Inquiry _____

Grade Certification _____

Approved/Denied _____

Reciprocity to _____

NABP Inquiry _____

State Inquiry _____

Grade Certification _____

Approved/Denied _____

Reciprocity to _____

NABP Inquiry _____

State Inquiry _____

Grade Inquiry _____

Approved/Denied _____

Fees Paid

Date Amount

Examination _____

Re-examination _____

Re-examination _____

Licensure _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: _____
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

_____/_____/_____

Social Security Number

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and 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.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification 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.



South Carolina Department of Labor, Licensing, and Regulation

Mark Sanford
Governor



South Carolina Board of Pharmacy

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110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596
www.llr.state.sc.us/pol/pharmacy

Basic Requirements for Licensure by Examination as a Pharmacist

In order to become licensed as a pharmacist in South Carolina, the law requires that an applicant shall present to the Board of Pharmacy satisfactory evidence that the applicant has:

- Completed 1,500 hours of practical experience in pharmacy under the supervision of a licensed pharmacist, which shall be approved by the South Carolina Board of Pharmacy.
- Received a Bachelor of Science in Pharmacy or Doctor of Pharmacy degree from an accredited school, college, or department of pharmacy as determined by the Board, or has received the Foreign Pharmacy Graduate Equivalency Certification issued by the National Association of Boards of Pharmacy (NABP). (Foreign graduates must also provide certified copies of their pharmacy school diploma)
- Passed the examinations required and approved by the South Carolina Board of Pharmacy and paid all required fees.

Practical Experience Requirements

The required practical pharmacy experience must have been gained in accordance with South Carolina internship requirements. No practical experience is required in order to take the licensure examination but the practical experience must be completed prior to licensure. No practical experience worked in South Carolina will be credited unless an internship certificate was issued prior to the experience. Foreign graduates must obtain their experience in the United States, after an internship certificate has been issued. Intern certificates require that you provide the Board of Pharmacy a certified copy of 1) your Social Security Card, 2) your TOEFL scores and 3) your FPGE.

Fifteen hundred (1500) hours of practical experience, gained in accordance with South Carolina internship requirements in effect at the time the internship was gained, are required for licensure. This internship training shall be acquired under the supervision, direction and instruction of a licensed pharmacist in a pharmacy, site, or program approved by the Board as being a proper place for the training of a pharmacy intern. A maximum of five hundred (500) hours for a BS degree and one thousand (1000) hours for a PharmD degree may be granted if your college of pharmacy awards that amount for an approved externship/clerkship program. At least 500 hours of experience shall be acquired in a retail or institutional pharmacy.

Practical pharmacy experience gained outside of South Carolina may be acceptable only if it meets the same requirements as are in effect in this State. Applicants who expect to receive credit under these conditions should have **certified copies, including places, dates and hours worked per week** sent to this Board for consideration.

Application Procedure for Examination

The process of applying for examination in South Carolina consists of three (3) separate forms:

- South Carolina application
- North American Pharmacist Licensure Examination (NAPLEX) Examination
- Multistate Pharmacy Jurisprudence Examination (MPJE) Examination

Each application requires its own fee.

- Download and read the entire NAPLEX/MPJE Registration Bulletin carefully and follow instructions explicitly. The Registration Bulletin is on the web at www.nabp.net.

You can apply for the NAPLEX and the MPJE examinations on the NABP website at www.nabp.net.

- **There is a fee of \$465.00 for the NAPLEX (\$325 base fee + \$140 vendor administration fee).**
- **There is a fee of \$185.00 for the MPJE (\$120 base fee + \$65 vendor administration fee).**
- **The examinations are given Monday through Saturday, except holidays.**
- **The examinations are administered by Pearson VUE.**
- **Pearson VUE** will provide the Authorization to Test (ATT) and confirmation letters. The ATT will provide all the scheduling information you require and the confirmation letter will include verification of the examination date and time as well as the address of the testing center.
- Study material recommendations and links to the study material can be found online at www.llr.state.sc.us/POL/Pharmacy.
- Complete the Application for Examination for the South Carolina Board of Pharmacy as instructed, **in its entirety**. Attach the fee of \$100 (we will accept personal checks) made payable to the South Carolina Board of Pharmacy, along with a **certified** copy of your birth certificate, one of your two photographs with signed attachment, and the Certification of Clinical Experience completed by the Dean of your College of Pharmacy. Foreign graduates must enclose the original FPGE certificate and will not need to have the Certification of Clinical Experience or College Affidavit. The original FPGE certificate will be returned upon verification.
- Submit the Application for Examination for the South Carolina Board of Pharmacy to the following:
 - LLR Licensure and Compliance
 - Post Office Box 12517
 - Columbia, SC 29211-2517
- If you move during this process, please advise the Office of Licensure and Compliance in writing of your new address, indicating that you are a candidate for examination.

