



2. Name of Pharmacy \_\_\_\_\_ Permit# \_\_\_\_\_

Print Name of Pharmacist-in-Charge \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ +4

Telephone Number \_\_\_\_\_

3. Name of Pharmacy \_\_\_\_\_ Permit# \_\_\_\_\_

Print Name of Pharmacist-in-Charge \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ +4

Telephone Number \_\_\_\_\_

In the last five years, have you ever been treated for any condition, be it physical, mental, or emotional that could impair your ability to serve as a pharmacy technician? \_\_\_\_\_ \*YES \_\_\_\_\_ NO

Have you ever been convicted of any criminal or civil charges (other than a minor traffic ticket)? Is there any legal action pending against you or are you currently on probation for any charges or legal action? \_\_\_\_\_ \*YES \_\_\_\_\_ NO

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

**\*IF YOUR ANSWER IS "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH A FULL WRITTEN EXPLANATION AND INCLUDE CERTIFIED COPIES OF ANY PERTINENT LEGAL AND/OR COURT DOCUMENTS. INFORMATION OF A HIGHLY PERSONAL NATURE WILL BE PROTECTED UNDER THE FREEDOM OF INFORMATION ACT.**

**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.**

**I acknowledge that this individual works under the supervision of a licensed pharmacist and/or handles legend drugs in a pharmacy department and is thereby deemed a pharmacy technician.**

\_\_\_\_\_  
Signature of Pharmacist-in-Charge

\_\_\_\_\_  
Date

**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 also understand that every year I must complete 10 hours of Continuing Education courses (4 live, 6 home study or live) in order to renew my registration.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return Completed Application, \$80.00 Fee and a copy of your Social Security Card to:**

Office of Licensure and Compliance  
Pharmacy Technician Registration  
P O Box 12517  
Columbia, SC 29211

**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.***