South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contactllr@llr.sc.gov • Fax: 803-896-4596
www.llronline.com/POL/Pharmacy/

PHARMACY TECHNICIAN NOTIFICATION OF EMPLOYMENT FORM

This form must be completed and returned to the Board of Pharmacy when a pharmacy technician changes employment or works at more than one pharmacy. This form may be faxed, mailed or emailed to the Board, contact information is listed above.

(Please print information)

Pharmacy Technician Information

Name: _____

SC Registration Number: _____ or last 5 of Social Security Number: _____

New Employer Information:

Pharmacy: _____ Pharmacy Permit #: _____

Address of Pharmacy:_____ Start Date: _____

City: _____ State: _____ Zip: _____ Phone: _____

Previous Employer Information: (if applicable)

Pharmacy: _____ Pharmacy Permit #: _____

Address of Pharmacy:_____ Start Date: _____ End Date: _____

City: _____ State: _____ Zip: _____ Phone: _____

Additional Places of Employment:

Pharmacy: _____ Pharmacy Permit #: _____

Address of Pharmacy:_____ Start Date: _____

City: _____ State: _____ Zip: _____ Phone: _____

Pharmacy: _____ Pharmacy Permit #: _____

Address of Pharmacy:_____ Start Date: _____

City: _____ State: _____ Zip: _____ Phone: _____