



LICENSURE BY EXAMINATION INSTRUCTIONS

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

1. 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.
2. Received a Bachelor of Science in Pharmacy or a 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.
3. 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. Completion of the practical experience is not required in order to take the licensure exam, but the practical experience must be completed prior to licensure. Practical experience worked in South Carolina will not 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 certified copies of (1) your Social Security card (2) your TOEFL scores and (3) your FPGEC.

Fifteen hundred (1,500) 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. 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 B.S. degree and one thousand (1,000) 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 must 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 to include 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 separate forms:

- South Carolina Board of Pharmacy Application for Examination
- North American Pharmacist Licensure Examination (NAPLEX)
- Multistate Pharmacy Jurisprudence Examination (MPJE)

Each application requires its own fee.

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

You can apply for the NAPLEX and MPJE exams on the NABP website, www.nabp.net.

- There is a \$485 fee for the NAPLEX
- There is a \$200 fee for the MPJE

The examinations are administered by Pearson VUE daily Monday through Saturday except holidays.

Pearson VUE will provide the Authorization to Test (ATT) and confirmation letters. The ATT provides all the scheduling information you require and the confirmation letter will include verification of the exam date and time as well as the address of the testing center.

Study material recommendations and links can be found online at www.llr.state.sc.us/pol/pharmacy.

2. Complete the SC Board of Pharmacy Application for Examination. Pay the \$100 fee. Submit 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 do not require the Certification of Clinical Experience or the College Affidavit. Foreign graduates must submit their original FPGE certificate which will be returned upon verification.

If you move during the licensure process, please advise the Board of Pharmacy in writing of your new address, indicating that you are a candidate for examination.

Your application is valid for one year from the date of receipt. After one year, the application is null and void, and the entire process must begin again. There are no refunds of any fees under any circumstances.

NAPLEX and MPJE scores are received electronically from NABP approximately ten business days after the exam. You will be notified by mail of your scores. No information will be given over the telephone.

3. After you have passed the NAPLEX and MPJE, and completed the required practical experience, you will receive a Pharmacist's Initial Licensure Application and an information sheet. You must complete both of these forms and pay the \$70 initial licensure fee no more than thirty days after receipt. Your license will be mailed to you ten business days after the date on which the final requirements are received.



South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/



APPLICATION FOR EXAMINATION

FOR BOARD USE ONLY	
Date Paid	
Amount Paid	
Check #	

Check one: () Regular examination () Foreign graduate

Application, \$100 application fee, certified copy of birth certificate and one properly identified photograph must be submitted. Additional photograph must be presented at the time of the examination. Please type or use black ink.

I, _____ Phone() _____
First Middle Last

Mailing address _____

City State County Zipcode

having met the qualifications as set by the South Carolina Board of Pharmacy, do submit this application and supporting documents (relative to my birth, age, character, education and practical experience) to establish my eligibility for examination and licensure as a pharmacist under the laws and regulations of this State.

Place of birth _____ DOB ____/____/____

Present age _____ Sex _____ Race _____

Father's name _____ Mother's name _____

COLLEGE TRAINING COMPLETED (Prior to entering pharmacy school)

NAME AND LOCATION OF COLLEGE ATTENDED PERIOD OF ATTENDANCE

1st Year _____
2nd Year _____
3rd Year _____
4th Year _____
Previous degree acquired (if any) _____

PHARMACY COLLEGE TRAINING COMPLETED (in chronological order)

NAME AND LOCATION OF COLLEGE ATTENDED PERIOD OF ATTENDANCE

1st Year _____
2nd Year _____
3rd Year _____
4th Year _____

I was (or will be prior to examination) granted a diploma or graduation from the _____

On _____, the _____ degree being thereby conferred.
Day month year

PRACTICAL EXPERIENCE

My record of practical experience under the supervision of a licensed pharmacist is as follows, in chronological order:

Name of Pharmacist	Name of Pharmacy	Approximate Dates
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

COLLEGE CLERKSHIP OR ROTATIONS

Name of Pharmacist	Name of Pharmacy	Approximate Dates
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

PREVIOUS EXAMINATION RECORD

If applicant has previously taken the Board examination for pharmacist licensure in this or any other state, he must disclose places, dates and results in the following spaces (if none, type N/A).

_____	_____	_____
State	Date exam taken	Passed or Failed
_____	_____	_____
State	Date exam taken	Passed or Failed

PREVIOUS LICENSURE AS PHARMACIST (IF NONE, ENTER N/A)

_____	_____	_____	In Good Standing []Yes []No
State	Date licensed	License No.	
_____	_____	_____	In Good Standing []Yes []No
State	Date licensed	License No.	

If licensed in another state, complete current and prior work address (if none, type/print N/A).

_____	_____	_____	_____	_____
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 will submit 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 here in 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 _____

Return application to: **South Carolina Board of Pharmacy** or **S.C. Board of Pharmacy**
PO Box 11927 **110 Centerview Dr, Suite 201**
Columbia, SC 29210-1927 **Columbia SC 29210**

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

This is to certify that _____

Attended the _____
(School or College of Pharmacy)

From _____ to _____ From _____ to _____

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

Signed: _____
Dean or Registrar

(SEAL)

_____ Date

_____ Address City/State/Zip

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 _____

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

Address _____ Date _____

City/State/Zip _____

Voucher B: 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 _____

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

Address _____ Date _____

City/State/Zip _____

Instructions for submitting photographs

**POLAROIDS AND SNAPSHOTS
ARE NOT ACCEPTABLE**

Each person who applies for licensure by examination shall secure two passport-size photos, and affix this form to the back of each. One photo shall be submitted with the completed application to the Board of Pharmacy and the other shall be presented by the applicant at the time of examination.

Signature of Applicant whose photo is attached

Witness that the attached photo is a true likeness of the applicant whose signature appears above:

(A) _____

(B) _____

Above signatures (A)&(B) must be those persons who signed character vouchers on the application for examination. Ink must be used for all signatures.

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South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/



Certification of Clinical Experience

(Type or print with black ink)

This is to certify that _____ has completed
(Name of Intern)

_____ hours of clinical pharmacy training approved by the College of Pharmacy at

the _____ as a prerequisite to

being granted the degree of _____.

(Date)

(Signature of Dean)

A maximum of 500 hours of practical experience credit may be given for clinical externship upon completion of the B.S. degree program. Up to 1000 hours of practical experience credit may be given upon completion of a Pharm.D. degree program consisting of six or more years of collegiate studies, provided such program includes a minimum of 500 hours of structured experience in retail or institutional pharmacy practice.

This form must be completed and returned at the end of the Clinical Training period to:

South Carolina Board of Pharmacy
110 Centerview Drive, Suite 201(29210)
P.O. Box 11927
Columbia, SC 29211-1927

IT IS THE SOLE RESPONSIBILITY OF THE INTERN TO INSURE THAT THIS NOTIFICATION IS COMPLETED AND RETURNED TO THE BOARD. LACK OF KNOWLEDGE DOES NOT CONSTITUTE AN ACCEPTABLE EXCUSE.



**South Carolina Department of Labor, Licensing and Regulation
PO Box 11927
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) _____

_____/_____/_____
Social Security Number

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? _____

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.