South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596
llr.sc.gov/bop

2025-2026 ANNUAL PHARMACIST RENEWAL APPLICATION

Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of $98.00 made payable to the S.C. Board of Pharmacy to the address listed above.
  (All fees are non-refundable. A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds.)
- Applications and any other applicable documentation are due by **March 31, 2025.**
- Renewals postmarked after March 31st will have the following penalty fees assessed:
  - Renewals postmarked April 1st – April 30th the fee including penalties is $148.
    Practicing without a renewed license after April 30th is considered a violation of the Pharmacy Practice Act.
  - Renewals postmarked May 1st – May 15th the fee including penalties is $248.
  - Renewals postmarked May 16th – May 31st the fee including penalties is $298.
  - Renewals postmarked June 1st – June 15th the fee including penalties is $348.
  - Renewals postmarked June 16th – June 30th the fee including penalties is $398.
  - Licenses not renewed before July 1st will require a reinstatement application and may require a Board appearance.

- **INACTIVE STATUS INFORMATION:** You may place your license on an inactive status online or by mailing your renewal application to the Board. You are not required to obtain CE hours for this status. You will still need to remit the fees as stated above, including any penalty fees, based upon the date the renewal form is submitted.
  - Should you choose to reactivate your currently inactive license, you will need to submit documentation of 15 hours of continuing education for the renewal year *plus* an additional 15 hours of continuing education that must be obtained during the calendar year immediately preceding the date of this renewal application for a total of 30 hours of CE.

I am applying for: ☐ Active Status ☐ Inactive Status

Check here ☐ if you do not wish to renew your license. Fill out your name, license number, address information, sign your name, and return this form to the above address.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit Better Impact.

Pharmacist License No.: _____

Note for SC residents: To find your congressional district you may go to: http://www.scstatehouse.gov/legislatorssearch.php

LICENSEE INFORMATION

Last Name:_____ First:_____ Middle:_____

Since you were last licensed, have you legally changed your name? ☐ Yes ☐ No Prior Name:_____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address:_____ City:_____ State:_____ Zip:_____ District:___
Congressional District (SC residents only)

Mailing Address:_____ City:_____ State:_____ Zip:_____
(If different than above)

Phone No.: _____ NABP E-Profile: _____

Email: _____

Current Activity Status (check one only):

☐ Active Practice, in SC
☐ Active Practice, Volunteer work only
☐ Not Currently Practicing, Seeking Licensed Practice
☐ Not Currently Practicing, Not Seeking Licensed Practice
☐ Active Practice, Out-of-State: _____
☐ Not Currently Practicing, Disabled
☐ Retired
☐ Other: _____

Please indicate your Total Number of Hours per week engaged in pharmacy or related work (all locations): _____

PRIMARY LOCATION OF PRACTICE

Employer Name: _____ Permit No.: _____

Practice Location Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Practice County: Select County ... Current hours worked per week: _____

Do you use telehealth to provide services in South Carolina? ☐ Yes ☐ No

Primary Practice Setting: (Check one only)

☐ 01 Independent Community Pharmacy
☐ 02 Small Chain Pharmacy
☐ 03 Large Chain Pharmacy
☐ 04 Medical Bldg./Surgery Ctr./Clinic
☐ 07 College of Pharmacy
☐ 11 Hospital – Nonfederal
☐ 22 Hospital – Federal/Military
☐ 41 Home Care/Infusion Svcs.
☐ 44 Policy/Plan./Reg./Lic./Advocacy
☐ 48 Other Government
☐ 53 Pharmacy Wholesaler
☐ 54 Pharmacy Manufacturer
☐ 55 Mail Order Pharmacy
☐ 56 Nuclear Pharmacy
☐ 57 Long Term Care Pharmacy
☐ 58 Managed Care/Insurance/Industry
☐ 71 Other: (Specify) _____

Primary Form of Practice: (Check one only)

☐ 03 Manager (Chief/Director/PIC)
☐ 05 Staff Pharmacist
☐ 06 Faculty – College of Pharmacy
☐ 08 Pharmacy Administration
☐ 09 Consultant Pharmacist
☐ 11 Sole Owner, Self, Solo
☐ 12 Partner, Partnership, Group
☐ 42 Other: (Specify) _____

SECONDARY LOCATION OF PRACTICE IN SOUTH CAROLINA (if applicable)

Employer Name: _____ Permit No.: _____

Practice Location Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Practice County: Select County ... Current hours worked per week: _____

Secondary Practice Setting: (Check one only)

☐ 01 Independent Community Pharmacy
☐ 02 Small Chain Pharmacy
☐ 03 Large Chain Pharmacy
☐ 04 Medical Bldg./Surgery Ctr./Clinic
☐ 07 College of Pharmacy
☐ 11 Hospital – Nonfederal
☐ 22 Hospital – Federal/Military
☐ 41 Home Care/Infusion Svcs.
☐ 44 Policy/Plan./Reg./Lic./Advocacy
☐ 48 Other Government
☐ 53 Pharmacy Wholesaler
☐ 54 Pharmacy Manufacturer
☐ 55 Mail Order Pharmacy
☐ 56 Nuclear Pharmacy
☐ 57 Long Term Care Pharmacy
☐ 58 Managed Care/Insurance/Industry
☐ 71 Other: (Specify) _____

THIRD LOCATION OF PRACTICE IN SOUTH CAROLINA (if applicable)

Employer Name: _____ Permit No.: _____

Practice Location Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Practice County: Select County ... Current hours worked per week: _____

Third Practice Setting: (Check one only)

☐ 01 Independent Community Pharmacy	☐ 02 Small Chain Pharmacy	☐ 03 Large Chain Pharmacy
☐ 04 Medical Bldg./Surgery Ctr./Clinic	☐ 07 College of Pharmacy	☐ 11 Hospital – Nonfederal
☐ 22 Hospital – Federal/Military	☐ 41 Home Care/Infusion Svcs.	☐ 44 Policy/Plan./Reg./Lic./Advocacy
☐ 48 Other Government	☐ 53 Pharmacy Wholesaler	☐ 54 Pharmacy Manufacturer
☐ 55 Mail Order Pharmacy	☐ 56 Nuclear Pharmacy	☐ 57 Long Term Care Pharmacy
☐ 58 Managed Care/Insurance/Industry	☐ 71 Other: (Specify) _____	

Did you complete a Pharm. D degree? ☐ Yes ☐ No

If Yes, what year did you graduate? _____

CONTINUING EDUCATION (CE)

You cannot renew until you have completed the CE requirements. Do not submit any CE documentation at this time. A random audit will be conducted at the end of the renewal period requiring proof of CEs to be remitted. The Board will not maintain copies of your CE documentation if you submit them with your renewal.

1. Did you receive your license to practice pharmacy in South Carolina for the first time after **January 1, 2024?** If "Yes," you are exempt from the CE requirement for this renewal period, and you do not have to answer question #2 for the Continuing Education portion. ☐ Yes ☐ No
2. Since your last renewal, have you completed at least **15 hours of CE** with 50% of those hours on drug therapy or patient management? ☐ Yes ☐ No
3. Do you administer immunizations? If you answered "Yes," you are required to have no less than one (1) hour of CE regarding administration of immunizations. (ACPE or CME category 1) ☐ Yes ☐ No
4. Do you have one (1) hour of CE regarding administration of immunizations? (ACPE or CME category 1) ☐ Yes ☐ No
5. Do you dispense contraceptives via Pharmacy Access Protocol? If you answered "Yes," you are required to have no less than one (1) hour of CE related to hormonal contraceptives. (ACPE or CME category 1) ☐ Yes ☐ No
6. Do you have one (1) hour of CE related to hormonal contraceptives? (ACPE or CME category 1) ☐ Yes ☐ No
7. Do you have one (1) hour of CE related to monitoring of controlled substances? ☐ Yes ☐ No

PERSONAL HISTORY QUESTIONS

If you answer "Yes" to any of the below questions, attach a detailed written explanation along with any court or medical documentation.

1. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice pharmacy in a competent, ethical and professional manner? ☐ Yes ☐ No
2. Since your last renewal (or if this is your first renewal since your initial license application), have you had a professional license revoked, suspended, reprimanded, restricted, placed on probation, or have you otherwise been disciplined by any professional or occupational licensing board or entity, or have you voluntarily surrendered a professional license? ☐ Yes ☐ No
3. Since your last renewal (or if this is your first renewal since your initial license application), have you ever voluntarily surrendered your license, controlled substance registration, or DEA registration? ☐ Yes ☐ No

4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted of, or pled guilty or nolo contendere to, any federal, state or local law (you may exclude minor traffic violations and/or expunged violations)? ☐ Yes ☐ No

   If "Yes," attach a full written explanation, court documentation, and a criminal background report issued from the state in which the incident took place.

5. Since your last renewal (or if this is your first renewal since your initial license application), has any legal action been initiated related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of the legal action? ☐ Yes ☐ No

6. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States? ☐ Yes ☐ No

   If yes, attach an updated Verification of Lawful Presence form, found here.

PHARMACIST-IN-CHARGE INFORMATION

Are you a Pharmacist-In-Charge of a facility? ☐ Yes ☐ No

If no, proceed to **ATTESTATION** below.

If yes, list all facilities where you are the Pharmacist-In-Charge:

Name	Permit Number

I will comply with all provisions of the South Carolina Pharmacy Practice Act, its associated regulations, and any other state or federal law applicable to the practice of pharmacy. For each facility listed above, I agree to complete all Pharmacist-In-Charge duties as outlined in law and regulation. I understand that I, along with the Permit Holder, am responsible for any violation(s) of law occurring at the permitted facility during my tenure as Pharmacist-In-Charge. I agree to notify the Board in writing within ten (10) days of ending my tenure as Pharmacist-In-Charge at the permitted facility.

Signature of Pharmacist-In-Charge: _____ Date: _____

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately, and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature of Licensee: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.