South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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2025-2026 ANNUAL PHARMACY TECHNICIAN RENEWAL APPLICATION

Renewal Instructions/Requirements:

- Renewal fee of $21 in the form of a check or money order only (no cash) made payable to the S.C. Board of Pharmacy. (All fees are non-refundable.) A returned check fee of $30, or an amount specified by law, may be assessed on all returned funds.
- Applications are due by June 30, 2025, to avoid a late fee.
- **Renewal / Late Fees:**
  Renewed/postmarked on or before 6/30/2025: **$21**
  Renewed/postmarked on or after 7/1/2025: Late Fee $10 + Renewal Fee $21 = **$31**
- **You cannot renew until you have completed the CE requirement of 10 hours.**
- If you have had a legal name change since your initial licensure or since your last renewal, please attach the legal documentation for this change with this renewal form (marriage certificate, divorce decree, court documentation).

Type: (Check one only)

☐ Pharmacy Technician
☐ *State Certified* Pharmacy Technician

Pharmacy Technician Registration No.: _____

REGISTRANT INFORMATION

Last Name: _____ First: _____ Middle: _____

Have you legally changed your name that you have not reported? ☐ Yes ☐ No Prior Name: _____
If yes, please submit legal documentation supporting the change (marriage certificate, divorce decree, etc.).

Home Address: _____ City: _____ State: _____ Zip: _____

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

Phone No.: _____ Email Address: _____

CONTINUING EDUCATION

You must have a NABP e-Profile ID for the NABP CPE Monitor Service with NABP (National Association of Boards of Pharmacy) for reporting of continuing education. The e-Profile ID will be used to conduct CE audits. To create an e-Profile ID, go to https://nabp.pharmacy/programs/cpe-monitor/. Click on "Log In to CPE Monitor" to create an NABP e-Profile.

NABP e-Profile No.: _____

Do not submit any CE documentation to the Board office. All CE must be ACPE-approved or CME Category 1.

1. 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-approved or CME category 1). ☐ Yes ☐ No

2. Did you receive your registration to practice as a Pharmacy Technician in South Carolina for the first time on or after **April 1, 2024**? ☐ Yes ☐ No

   If **YES,** you are exempt from the CE requirement for this renewal period, and you do not have to answer Question No. 3 or 4 for this CE section.

3. Since your last renewal, have you completed at least **10 hours of CE**? ☐ Yes ☐ No

4. Do you have one (1) hour of CE regarding administration of immunizations?(ACPE-approved or CME category 1)(If applicable) ☐ Yes ☐ No

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: _____

How much longer do you anticipate practicing as a Pharmacy Technician? (For statistical purposes only)

☐ Less than 1 year
☐ 1 to less than 3 years
☐ 3 to less than 6 years
☐ 6 to less than 11 years
☐ 11 to less than 16 years
☐ 16+ years

If you plan to stop practicing as a Pharmacy Technician in less than 3 years, indicate your primary reason below (Check one only). (For statistical purposes only)

☐ Change careers
☐ Dissatisfaction with career
☐ Family reasons
☐ Financial reasons (salary/income/benefits)
☐ Physical demands
☐ Practice demands
☐ Practice restrictions
☐ Retirement
☐ Relocation
☐ Stress/burnout
☐ Unknown future
☐ Work environment
☐ Other: _____

CURRENT EMPLOYMENT INFORMATION (Primary Employer)

Name of Pharmacy or Employer:_____ Permit No.:_____

Address:_____ City:_____ State:_____ Zip:_____
(PO Box not accepted)

County: _____ Hours/Week: _____ Phone No.: _____

Approximately how many years have you been employed by this employer? _____ Years

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):

☐ 05 Staff Pharmacy Technician ☐ 06 Faculty, College of Pharmacy ☐ 42 Other: _____

SECONDARY EMPLOYMENT INFORMATION

Name of Pharmacy or Employer:_____ Permit No.:_____

Address:_____ City:_____ State:_____ Zip:_____
(PO Box not accepted)

County: _____ Hours/Week: _____ Phone No.: _____

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 EMPLOYMENT LOCATION

Name of Pharmacy or Employer:_____ Permit No.:_____

Address:_____ City:_____ State:_____ Zip:_____
(PO Box not accepted)

County: _____ Hours/Week: _____ Phone No.: _____

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) _____	

PERSONAL HISTORY QUESTIONS

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

1. Is your ability to practice as a pharmacy technician currently impaired by any physical or mental condition or illness or alcohol or substance abuse or addiction to the extent that it might interfere with your ability to safely perform the essential functions of the practice of pharmacy? *(If you have voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance with RPP, you may answer "no" as to any alcohol or substance abuse/addiction).* ☐ Yes ☐ No

2. Since your last renewal (or if this is your first renewal since your initial registration 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.

DISCIPLINARY HISTORY

If you answer "Yes" to any part of this section, provide a detailed explanation on a separate sheet, and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

To the best of your knowledge, SINCE YOUR LAST RENEWAL, have you:

1. Had disciplinary action taken by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country against any license or registration you hold? ☐ Yes ☐ No

   a. Is there any pending disciplinary action against any license or permit you currently hold or previously held? ☐ Yes ☐ No

2. Had an application for a pharmacist license, permit or certificate or a technician license or registration, denied, refused in South Carolina or any other state or country? ☐ Yes ☐ No

3. Been convicted, fined, or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor, in South Carolina or any other state or in a United States court (you may exclude minor traffic violations and/or expunged violations)? ☐ Yes ☐ No

   a. Is there any legal action pending against you related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action? ☐ Yes ☐ No

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 registration.

Signature: _____ 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.