



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

PHARMACIST APPLICATION BY RECIPROCITY REQUIREMENTS AND INSTRUCTIONS

If you reside in South Carolina and wish to work in a pharmacy prior to receiving your South Carolina Pharmacist license, you must register with the SC Board of Pharmacy as an Intern.

The Intern Certificate Application is available online at <https://llr.sc.gov/bop/pub.aspx> under the “Applications/Forms” link. The Intern Certificate must be returned to the South Carolina Board of Pharmacy when you receive your SC Pharmacist license.

The following instructions MUST be followed explicitly or licensure in South Carolina will be delayed:

Step 1

Include with your application:

- Submit payment in the amount of **\$375** (application fee) in the form of a check or money order made payable to LLR-Board of Pharmacy. (The application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Attach a copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Attach a copy of your birth certificate or Passport
- Attach a copy of your Social Security card
- Attach a Verification of Lawful Presence Form
- Attach a current 2x2 passport-type photograph
- **For Foreign Graduates:** Upload a copy of your FPGEC Certificate

IMPORTANT REQUIREMENT: If you are a new graduate and received your initial Pharmacist license within the past year, you are required to have five hundred (500) hours of practical experience working in retail or institutional pharmacy. The five hundred hours must be verified by your place of employment.

The employer must provide the following information on letterhead:

1. Supervising pharmacist’s name and license number
2. Name of pharmacy and permit/license number
3. Copies of both the supervising pharmacist’s license and the pharmacy’s permit/license

Step 2

- Complete the online e-LTP application for Licensure Transfer on the NABP website:
<https://nabp.pharmacy/>

NABP official applications are valid **one year** from date of issue. After that time, they are null and void and the process must begin again. There are no refunds of any fees under any circumstances.

Step 3

- Board staff will send you an email after receiving the following documents in **step 2**, instructing you to apply for the MPJE exam on the NABP e-profile website:
<https://nabp.pharmacy/programs/examinations/mpje/>
- There is a fee of **\$250 for the MPJE exam**
- Exams are administered by Pearson VUE Monday through Saturday, except holidays
- Pearson VUE will provide the Authorization to Test (ATT) and confirmation letters. The ATT will provide you with all of the scheduling information needed. 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 to the study material can be found online at <https://www.scrx.org/>. Click on **Resources** and **MPJE Resources**

Step 4

To set up your virtual interview, contact the office by email at contact.pharmacy@llr.sc.gov. Interviews are held once a month virtually. The interview schedule is located on the website under Application by Reciprocity at <https://llr.sc.gov/bop/pharmacists.aspx>. All candidates will be sent a link for Webex (a secure virtual platform) within five days of the interview date.

Upon receipt of your MPJE, you will receive a **Pharmacist's Initial Licensure Application**. Return the form to the South Carolina Board of Pharmacy, along with the non- refundable \$98 initial licensure fee.

Licenses will be issued upon successful completion of application requirements, as well as the virtual interview.

- If you move during this process, please advise the South Carolina Board of Pharmacy *in writing* of your new address, indicating that you are a candidate for reciprocity
- There are no exceptions to the application procedures or the dates of the interviews and there are no temporary licenses
- If you have questions concerning these application requirements, please contact the Board office in Columbia at (803) 896-4700 or visit our website at <https://llr.sc.gov/bop/> or the NABP website at <https://nabp.pharmacy/>

NOTE: Your application is good for one (1) year from the date of receipt. If all required information is not received within this period, you must begin the application process from the beginning. This includes, but is not limited to, all fees, license verifications, etc.

After submitting your application, allow 24 hours to post. After it has posted, you may check the status at:
<https://eservice.llr.sc.gov/NewAppsV3/Login/LoginPage?ReturnUrl=%2fNewAppsV2%2f>



PHARMACIST APPLICATION BY RECIPROCITY

Include with your application:

- Application fee in the form of a check or money order (no cash) in the amount of **\$375** made payable to: LLR – South Carolina Board of Pharmacy (The application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your birth certificate
- Copy of your Social Security card
- Verification of Lawful Presence Form
- Current 2x2 passport-type photograph
- 500 intern hours, if licensed for less than one year
- **For Foreign Graduates:** A copy of your FPGEC Certificate

For Board Use Only	
Check No.	
Amount Paid	\$

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

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: _____

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

County: _____ District: _____
 Congressional District (SC Residents Only)

Phone No.: _____ Email: _____

Social Security No.: _____ Gender: Female Male
 (For statistical purposes only)

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. Is your ability to practice as a pharmacist currently impaired by any physical, emotional 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. Have you ever 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. Have you ever been convicted, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs, fraud, dishonesty or other moral turpitude? Yes No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this 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 Applicant

Date

**Attach a recent full-face
2" x 2" color photo
No copies
Sign and date photo
Do not staple**

PRIVACY NOTICE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security 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.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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 services.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
 being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest 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.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)