



PHARMACIST APPLICATION BY RECIPROCITY REQUIREMENTS AND INSTRUCTIONS – ELECTRONIC APP

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 and Forms” link.

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

Step 1

Complete the online Licensure by License Transfer (Reciprocity) Form.

<https://eservice.llr.sc.gov/NewAppsV3/Login/LoginPage?ReturnUrl=%2fNewAppsV2%2f>

Include with your application:

- Submit payment in the amount of **\$375** (application fee) via credit card, or electronic check 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.)
- Upload a copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Upload a copy of your birth certificate
- Upload a copy of your Social Security card
- Upload a Verification of Lawful Presence Form
- Upload a current 2x2 passport-type photograph
- **For Foreign Graduates:** Upload a copy of your FPGEC Certificate

Step 2

- Complete the NABP’s Electronic Licensure Transfer Program (e-LTP) application on the NABP website: <https://nabp.pharmacy/>
- Notify the Board by sending an email to contact.pharmacy@llr.sc.gov that you have completed the e-LTP application with NABP.

NABP official applications are valid **one year** from the 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.

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 3

- Board staff will send you an email after receiving the e-LTP application in **step 2**, instructing you to apply for the MPJE exam on the NABP e-profile website: <https://dashboard.nabp.pharmacy/Login/Splash>
- 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://scrx.org/ce-events/ce-on-demand/mpje/>

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.

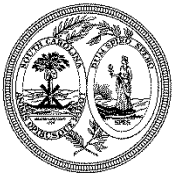
Upon receipt of your MPJE, you will receive a Pharmacist's Initial Licensure Application. Return the form to the South Carolina Board of Pharmacy, along with the non-refundable \$98 initial licensure fee.

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>



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)