



South Carolina Board of Pharmacy

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llr.sc.gov/bop

NOTIFICATION OF EMPLOYMENT

Use this form to update, add new or remove employment information. Once completed, log into your e-service account and upload: <https://eservice.llr.sc.gov/DocumentSubmission/>. You may check the status of your employment update on the Licensee Look-Up: <https://verify.llronline.com/LicLookup/LookupMain.aspx>.

License Type: Pharmacist Pharmacy Technician

Employment Status: Full-Time Part-Time

Name: _____ License/Registration No.: _____

NEW EMPLOYER INFORMATION

Position Type (Applies to Pharmacist Only): Staff Pharmacist Part-Time PRN

Name of Pharmacy: _____ Phone: _____

Pharmacy Permit No.: _____ Start Date: _____ End Date: _____

Address of Pharmacy: _____

***If you are accepting a position as a Pharmacist-in-Charge, you must complete the Notification of Pharmacist-in-Charge Change Form located on the website.**

PREVIOUS EMPLOYER

If you need to **remove** a current employment location fill out the below section.

Position Type (Applies to Pharmacist Only): Pharmacist-in-Charge Staff Pharmacist Part-Time PRN

Name of Pharmacy: _____ Phone: _____

Pharmacy Permit No.: _____ Start Date: _____ End Date: _____

Address of Pharmacy: _____

ADDITIONAL PLACES OF EMPLOYMENT

Fill out the below information to **add additional** pharmacy locations to your new or existing employment.

Position Type (Applies to Pharmacist Only): Staff Pharmacist Part-Time PRN

Name of Pharmacy: _____ Phone: _____

Pharmacy Permit No.: _____ Start Date: _____ End Date: _____

Address of Pharmacy: _____

Position Type (Applies to Pharmacist Only): Staff Pharmacist Part-Time PRN

Name of Pharmacy: _____ Phone: _____

Pharmacy Permit No.: _____ Start Date: _____ End Date: _____

Address of Pharmacy: _____