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 REINSTATEMENT OF LAPSED LICENSE INSTRUCTIONS

Pursuant to Section 40-43-110(D) pharmacist licenses not renewed by May 1 are considered lapsed. Reinstatement of a lapsed license must be granted upon evidence satisfactory to the Board that all requirements have been met. The reinstated license may be subject to late fees penalties and disciplinary action for failure to renew the license within the prescribed period, if practicing during the period that the license was lapsed.

1. **REINSTATEMENT OF LAPSED LICENSE (Less than 3 Years)**
   You must have 15 hours of continuing education for **each year the license was lapsed.** Of these hours, at least half of the total must be in patient management or drug therapy. All of these hours must be American Council on Pharmaceutical Education
   (ACPE) approved or approved for Category I Continuing Medical Education (CME). **Section**

   40-43-110(E), 40-43-130

   Submit the following:
   - Reinstatement/Reactivation Application
   - Copies of CE certificates
   - Non-Refundable Reinstatement/Reactivation Fee of $398

2. **REINSTATEMENT OF A LAPSED LICENSE (More than 3 Years & Currently Practicing in Another State)**
   You must have a total of sixty (60) hours of continuing education, of at least 30 of the total must be in patient management or drug therapy. All of these hours must be American Council on Pharmaceutical Education (ACPE) approved or approved for Category I Continuing Medical Education (CME). These credits must have been earned within the preceding two years. **Section 40-43-110(F)**

   Submit the following:
   - Reinstatement/Reactivation Application
   - Copies of CE certificates (60 hours)
   - Verification of a current license by the Board of Pharmacy in the state you are currently licensed. Online verification is not acceptable.
   - Statement from your out-of-state employer indicating that you have been engaged in the practice of pharmacy for at least one thousand (1,000) hours during the past three (3) years.
   - Non-Refundable Reinstatement/Reactivation Fee of $398

3. **REINSTATEMENT OF A LAPSED LICENSE (More than 3 Years Not Currently Practicing)**
   License lapsed three years or more and you have not been actively practicing pharmacy in another state, you must: **Section 40-43-110(G)**
   - Complete and submit a non-refundable Intern Certificate Application and fee
   - Complete and provide evidence of no less than one thousand hours of practice under the on-site supervision of a pharmacist licensed in this State
   - Pass the Multi-state Pharmacy Jurisprudence Examination (MPJE), which is the pharmacy law examination currently required by the South Carolina Board of Pharmacy. Submit proof of completion of 60 hours acceptable continuing education.
   - Your best resource would be the SCPhA website: www.scrx.org and under the "Resources" tab – choose "MPJE Review: Resource and Regulations Links"

   UPON COMPLETION OF THE ABOVE REQUIREMENTS YOU MUST:
   - Submit a Pharmacist License Reinstatement/Reactivation Application and Fee
   - Non-Refundable Reinstatement/Reactivation fee of $398

EXAMINATION INFORMATION

You can apply for the Multi-state Pharmacy Jurisprudence Examination *(MPJE)* on the *NABP* web site at www.nabp.net. Study material can be found on the South Carolina Board website at: www.llr.sc.gov/bop

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PHARMACIST LICENSE REINSTATEMENT

Include with your application:

- Check or money order (no cash) in the amount of **$398 (non-refundable) payable to LLR-Board of Pharmacy**.
  A return check fee of up to **$30**, or an amount specified by law, **may** be assessed on all returned funds.
- The application, fee and other documents are valid for twelve (12) Months. After twelve months, you must reapply.

For Board Use Only	
Reg. No.	
Check No.	
Issued	
Amount paid	

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

APPLICANT INFORMATION

Last Name:________________________ First Name:________________________ License No.:________________

Home Address:________________________________City:______________State:_____Zip:_________District:_____

Congressional District (SC Residents Only)

Mailing Address: ____City:________________State:_____Zip:________

(If different than above)

Phone: ___________________________________ Email: ____

Activity Status: ____________________________ Social Security No.: _______________________________

Primary Place of Practice: ____

Mailing Address: ____City:________________State:_____Zip:________

Phone:______________________________Hours Per Week:___________ Permit No.:_________________________

Confidential for DHEC Emergency Contact Systems)

Activity Status (Check one only):

☐ 01 Currently Practicing ☐ 02 Not Currently Practicing ☐ 08 Retired Primary ☐ Out of State

Practice Setting (Check one only):

☐ 01 Independent Community Pharmacy ☐ 02 Small Chain ☐ 03 Large Chain
☐ 04 Medical Bldg./Clinic Pharmacy ☐ 07 College of Pharmacy ☐ 11 Private Hospital
☐ 12 Nursing Home ☐ 22 Government Hospital ☐ 48 Other Government
☐ 53 Pharmacy Wholesaler ☐ 54 Pharmacy Manufacturer ☐ 71 Other

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

SECONDARY EMPLOYMENT LOCATION

Name of Pharmacy or Employer:____Permit No.:_________________

Address: ____

Street (PO Box not accepted) City State Zip + 4

County: _____________________Practice Setting:_______Hours Per Week:______Phone No.: ______________

(See choices above)

THIRD EMPLOYMENT LOCATION

Name of Pharmacy or Employer:____Permit No.:_________________

Address: ____

Street (PO Box not accepted) City State Zip + 4

County: _____________________Practice Setting:_______Hours/Week:_______Phone No.: _________________

(See choices above)

List all other states in which you have ever been licensed and the status (Active, Inactive, Revoked) of each license:

State	License No.	Status

Degrees in Pharmacy: ☐ B.S. ☐ PharmD (If post B.S. enter date PharmD received):_______________

PROFESSIONAL EDUCATION INFORMATION

List in chronological order from date of graduation all professional education. Do not include continuing education coursework, apprentice, internship, residency, vocational training practical or clinical training. Attach additional sheet(s) if needed.

Institution/Program	LOCATION (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	Graduation/Program Completed?	Degree Earned

DISCIPLINARY QUESTIONS

Answer the following questions. Please provide additional information for any "Yes" answers.

1. Since you last registered with this Board, have you had a Formal Complaint, disciplinary action or Consent Agreement filed against you by any person or Pharmacy Board; has any malpractice judgement or settlement been rendered against you; or have you been refused licensure by any agency? ☐ Yes ☐ No

2. Since you last registered with this Board, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public? (If you are currently enrolled in the Recovering Professionals Program (RPP), you may answer no to this question). ☐ Yes ☐ No

3. Since you last registered with this Board, have you been involved in any pre-trial intervention program, been convicted pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)? ☐ Yes ☐ No

4. Since you last registered with this Board, has there been any change in your name? ☐ Yes ☐ No
   (You must provide copy of legal document effecting change, if not previously provided.)

SIGNATURE

I hereby certify that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for disciplinary action against my S.C. license.

Signature of Applicant ____________________ Date ____________________

PRIVACY DISCLOSURE

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.

Visit our website at www.llr.sc.gov/bop for information that may not be in this form.