



## **PHARMACIST APPLICATION BY EXAM REQUIREMENTS AND INSTRUCTIONS**

To become licensed as a pharmacist in South Carolina by examination, an applicant shall comply with requirements as outlined in [S.C. Code §40-43-80](#) and [S.C. Code §40-43-84](#). Each applicant shall have:

- Received a Bachelor of Science in Pharmacy or a Doctor of Pharmacy degree from an accredited school, college or department of pharmacy as determined by the Board;
- Completed at least 1,500 hours of practical experience in the practice of pharmacy;
- Passed the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE); and
- Paid all required fees.

### **PRACTICAL EXPERIENCE REQUIREMENTS**

The required practical pharmacy experience must have been gained in accordance with South Carolina internship requirements as outlined in S.C. Code §40-43-84 and S.C. Code §40-43-85. At least 500 (five hundred) hours of practical experience must be obtained through an approved internship, under the supervision of a licensed pharmacist. Up to 1000 (one thousand) hours for practice or clinical experience completed during school may be credited towards the total requirements; these hours may be certified by the college or school of pharmacy upon completion of the program by submitting the [Certification of Clinical Experience form](#). Completion of the total hours of practical experience is not required to take the licensure exam, but all required practical experience hours must be completed prior to licensure.

### **SOUTH CAROLINA INTERN HOURS**

Practical experience worked in South Carolina will not be credited unless an internship certificate was issued prior to the experience. A notification of employment must be on file with the Board for each employment and calendar year of employment for South Carolina interns. Hours for practical experience that were obtained within South Carolina must be submitted on the [Affidavit of Practical Experience form](#). You will not receive credit for hours worked prior to submission of a notification of employment.

### **OUT OF STATE INTERN HOURS**

Applicants who obtained hours of practical experience must submit documentation of 500 intern hours. These hours must have been worked under a licensed pharmacist. If you reported intern hours to a State Board of Pharmacy, please contact the Board of Pharmacy from the state in which you acquired intern hours and request an official license verification with hours (**with the state SEAL**). This form may be forwarded directly from the issuing agency to this office via email to [Contact.pharmacy@llr.sc.gov](mailto:Contact.pharmacy@llr.sc.gov) or attached to your application.

### **If intern hours were not reported to a State Board of Pharmacy:**

The Pharmacist-in-Charge of the pharmacy in which you worked must submit a letter on company letterhead verifying the total number of intern hours obtained and provide the following information:

- Verifying pharmacist's name and license number
- Name of pharmacy, address and permit/license number
- Submit a copy of current facility(s) permit/license
- Submit a copy of verifying pharmacist's current license

This documentation may be forwarded directly from the verifying pharmacist to this office via email to [Contact.pharmacy@llr.sc.gov](mailto:Contact.pharmacy@llr.sc.gov) or attached to your application.

## LICENSURE BY EXAM PROCEDURES

The process of applying for licensure by examination in South Carolina consists of three distinct parts:

- Submit the South Carolina Board of Pharmacy Pharmacist Application by Exam and required items.
- Apply for the exams with NABP concurrently while applying to South Carolina.
- Register for and successfully pass the NAPLEX and MPJE.
  - a. Once you have successfully passed the NAPLEX and MPJE, and completed all requirements for licensure in South Carolina you will be required to submit a licensure fee.

## EXAMINATION REQUIREMENTS

Applicants must apply and register for the NAPLEX and MPJE with the NABP. Applicants are encouraged to fully review and explicitly follow the instructions within the Candidate Application Bulletin from NABP. This Bulletin is on NABP's website (<https://nabp.pharmacy/>). The examinations are administered by Pearson, who provides the Authorization to Test (ATT) and confirmation letters. The ATT provides all the scheduling information you require and the confirmation letter will include verification of the exam date and time as well as the address of the testing center. Exams are administered at Pearson Professional Centers daily Monday through Saturday, except holidays.

## OTHER INFORMATION

Licenses will be issued upon successful completion of all application requirements. If your application for licensure is approved before February 1, you are required to renew your license before April 1 to avoid a late fee.

- If you move during this process, please advise the South Carolina Board of Pharmacy *in writing* your new address, indicating that you are a candidate by examination.
- There are no exceptions to the application procedures 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://lir.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.

### Documentation required to be uploaded to your application:

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of social security card
- Copy of certified birth certificate
- Notarized [Verification of Lawful Presence Form](#)
- [Certification of Clinical Experience Form](#)
- [Photograph with Professional and Ethical Competence Voucher Form](#)
- Supporting legal name change documentation, if applicable

**Payment in the amount of \$100 is due at the end of the application. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. All fees are non-refundable.**



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)



**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

**PHOTOGRAPH WITH PROFESSIONAL AND ETHICAL COMPETENCE VOUCHER FORM**

Attach a 2x2 passport-type photo  
(Polaroid or snapshot photos are not acceptable)

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Voucher A (Pharmacist 1)**

I hereby certify I am a licensed pharmacist in good standing in the State of \_\_\_\_\_, my license number is: \_\_\_\_\_.

I hereby witness the above picture is a true likeness of the applicant whose signature appears above.

I further certify that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ (Name of applicant) and that to the best of my knowledge, \_\_\_\_\_ (Months/year(s))

he/she is professionally and ethically competent, and does not use alcohol or drugs to the degree as to render him/her unfit to practice pharmacy. I hereby recommend him/her as worthy to be licensed to practice pharmacy in South Carolina.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date: \_\_\_\_\_

**Voucher B (Pharmacist 2)**

I hereby certify I am a licensed pharmacist in good standing in the State of \_\_\_\_\_, my license number is: \_\_\_\_\_.

I hereby witness the above picture is a true likeness of the applicant whose signature appears above.

I further certify that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ (Name of applicant) and that to the best of my knowledge, \_\_\_\_\_ (Months/year(s))

he/she is professionally and ethically competent, and does not use alcohol or drugs to the degree as to render him/her unfit to practice pharmacy. I hereby recommend him/her as worthy to be licensed to practice pharmacy in South Carolina.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date: \_\_\_\_\_