



## **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.



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 EXAMINATION

Include with your application:

- Check or money order (no cash) in the amount of \$100 made payable to LLR-Board of Pharmacy. All fees are 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 social security card
• Copy of certified birth certificate
• Notarized Verification of Lawful Presence Form
• Certification of Clinical Experience
• Photograph with Professional and Ethical Competence Voucher Form
• Supporting legal name change documentation, if applicable.

Table with 2 columns: Field (License No., Check No., Issued, Amount paid) and Value.

APPLICANT INFORMATION

First Name: Middle: Last:

Have you ever legally changed your name? Yes No Prior Name:

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, or court order.)

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.: Date of Birth:

Place of Birth (City, State or Country):

For statistical purposes only: Race: Gender: Female Male

EMPLOYER INFORMATION

Business Name:

SC Permit Number: Business Phone:

Business Address:

**EDUCATION**

Pharmacy school must be an accredited school, college or department of pharmacy as determined by the Board.

Pharmacy School: \_\_\_\_\_ Degree: \_\_\_\_\_

Location (City and State or Country): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

- 1. Did you complete the 500 intern hours required for licensure at a facility located within the State of South Carolina?  Yes  No

If not, you will need to provide an official license verification with hours from the Board of Pharmacy in which you have completed your 500 intern hours or a letter from the pharmacist-in-charge of the pharmacy where you obtained the intern hours documenting the total number of hours.

**PRIOR EXAMINATION RECORD**

If you have previously taken examination for pharmacist licensure (i.e. NAPLEX, MPJE), you must disclose the exam location, date(s) and result(s). Attach an additional sheet if needed.

Exam taken: \_\_\_\_\_ State: \_\_\_\_\_ Date exam taken: \_\_\_\_\_ Results:  Passed  Failed

Exam taken: \_\_\_\_\_ State: \_\_\_\_\_ Date exam taken: \_\_\_\_\_ Results:  Passed  Failed

Exam taken: \_\_\_\_\_ State: \_\_\_\_\_ Date exam taken: \_\_\_\_\_ Results:  Passed  Failed

Exam taken: \_\_\_\_\_ State: \_\_\_\_\_ Date exam taken: \_\_\_\_\_ Results:  Passed  Failed

Exam taken: \_\_\_\_\_ State: \_\_\_\_\_ Date exam taken: \_\_\_\_\_ Results:  Passed  Failed

**PRIOR LICENSURE AS PHARMACIST**

List any state(s) in which you were previously licensed as a pharmacist. Attach an additional sheet, if needed.

State: \_\_\_\_\_ Date licensed: \_\_\_\_\_ License No.: \_\_\_\_\_ Status: \_\_\_\_\_  
(active, lapsed, etc.)

State: \_\_\_\_\_ Date licensed: \_\_\_\_\_ License No.: \_\_\_\_\_ Status: \_\_\_\_\_  
(active, lapsed, etc.)

**PERSONAL HISTORY**

If you answer "Yes" to any of the below questions, attach a detailed written explanation along with any court or medical documentation.

- 1. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance, you may answer 'No' with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer 'No.')
- Yes  No

**DISCIPLINARY HISTORY**

For any “Yes” answers below, please provide and submit a detailed explanation for each. Official documentation of judgment(s) or disposition(s) must also be provided, as well as the city and state where the offense(s) or discipline occurred.

- 1. Have you ever had a professional license, registration or permit disciplined, denied, refused, voluntarily surrendered, or revoked?  Yes  No
  - a. Are you currently under investigation or do you have any pending disciplinary action against any license, registration or permit you currently hold or previously held?  Yes  No
- 2. Have you ever been convicted of, fined, or entered into a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)?  Yes  No

If yes, you will need to include an official statewide criminal background check from the state in which the conviction occurred along with official court documentation to include the final disposition at the end of the application.

- a. Are you currently under investigation or do you have any legal action pending against you related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action?  Yes  No

**AFFIDAVIT**

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 may constitute cause for the initiation of disciplinary action against my South Carolina licensure.

\_\_\_\_\_  
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.



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)



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**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: \_\_\_\_\_