



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

To become licensed as a pharmacist in South Carolina by reciprocity, an applicant shall comply with requirements as outlined in [S.C. Code §40-43-81](#). Each applicant shall have:

1. Possessed at the time of initial licensure as a pharmacist all qualifications necessary to have been eligible for licensure in this State,
2. Presented proof of licensure as a pharmacist in another jurisdiction,
3. Presented proof of pharmacist license in good standing,
4. Passed the Multistate Pharmacy Jurisprudence Examination (MPJE),
5. Been interviewed by members of the Board, and
6. Paid all required fees.

### **LICENSURE BY RECIPROCITY PROCEDURES**

The process for applying for licensure by reciprocity in South Carolina consists of five distinct parts:

- Submit the South Carolina Board of Pharmacy Pharmacist Application by Reciprocity and required items.
- Complete the electronic licensure transfer program application through the National Association of Boards of Pharmacy (NABP).
- Register for and successfully pass the MPJE.
- Participate in a reciprocity interview with Board members.
- Once you have successfully passed the MPJE and completed all requirements for licensure in South Carolina, you will be required to submit a licensure fee.

### **NABP ELECTRONIC LICENSURE TRANSFER PROGRAM**

All applicants seeking licensure via reciprocity must complete the Electronic Licensure Transfer Program (e-LTP) application through the NABP. This application is available on NABP's website. Once you complete this application, notify the Board via email to [contact.pharmacy@llr.sc.gov](mailto:contact.pharmacy@llr.sc.gov).

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.

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.

### **EXAMINATION REQUIREMENTS**

Applicants must apply and register for the 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.

## **PRACTICAL EXPERIENCE REQUIREMENTS**

If you are a new graduate and have 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:**

- Supervising pharmacist's name and license number
- Name of pharmacy and permit/license number
- Copies of both the supervising pharmacist's license and the pharmacy's permit/license.
- Verification of hours of practical experience in retail or institutional pharmacy

## **FOREIGN GRADUATES**

Foreign graduates must obtain their experience in the United States after an internship certificate has been issued. Intern certificates require that you provide the Board of Pharmacy copies of your Social Security card and your FPGECC.

Fifteen hundred (1,500) hours of practical experience, gained in accordance with South Carolina internship requirements in effect at the time the internship was gained, are required for licensure. Internship training shall be acquired under the supervision, direction and instruction of a licensed pharmacist in a pharmacy, site, or program approved by the Board as being a proper place for the training of a pharmacy intern.

## **INTERVIEW WITH BOARD MEMBERS**

Once you submit your South Carolina reciprocity application and your NABP e-LTP application has been received, you will be provided with dates for the required interview via email. All candidates will be sent a link to Webex (a secure virtual platform) within five days of the interview date.

## **OTHER INFORMATION**

Licenses will be issued upon successful completion of all application requirements, including the interview. 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 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.



## PHARMACIST APPLICATION BY RECIPROCITY

### Include with your application:

- Application fee in the form of a check or money order (no cash) in the amount of **\$375** made payable to: LLR – South Carolina 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.)
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- Copy of your certified birth certificate
- Notarized [Verification of Lawful Presence Form](#)
- Current 2x2 passport-type photograph
- Legal name change documentation (Ex. marriage certificate, divorce decree), if applicable.

For Board Use Only	
Check No.	
Amount Paid	\$

### Documentation/information required to be submitted by issuing agency:

- Electronic licensure transfer program from NABP

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

### APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last/suffix: \_\_\_\_\_

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 documentation)

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: \_\_\_\_\_

**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 upload 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

**ATTESTATION**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Attach a recent  
2” x 2” passport-type photo  
No copies  
Do not staple**

**PRIVACY NOTICE**

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)