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

APPLICATION PROCEDURE FOR EXAMINATION BY SCORE TRANSFER REQUIREMENTS AND INSTRUCTIONS

You must pass the North American Pharmacist Licensure Examination (NAPLEX) before registering for the South Carolina portion of the Multistate Pharmacy Jurisprudence Examination (MPJE).

1. Download and read the entire NAPLEX/MPJE Registration Bulletin and follow instructions explicitly. The Registration Bulletin is on the web at https://nabp.pharmacy/programs/examinations/naplex/
   - Registration instructions
   - Testing appointment information
   - Test administration
   - Information on score results
   - Register for the MPJE exam on the NABP website https://nabp.pharmacy/programs/examinations/mpje/
   - There is a **$250** fee for the MPJE.
   - The examinations are administered by Pearson VUE daily Monday through Saturday except holidays. Pearson VUE will provide 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.
   - Study material recommendations and links can be found online at: https://llr.sc.gov/bop/laws.aspx and SC Pharmacy Association (SCPhA) website: https://scrx.org/ce-events/ce-on-demand/mpje/

2. **Complete the SC Board of Pharmacy Application by Score Transfer. Include with your application:**
   - Check or money order (no cash) in the amount of **$350** made payable to: LLR-SC Board of Pharmacy.
     - 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 or Military ID
   - Copy of your Social Security card
   - Copy of birth certificate or passport
   - Certification of Clinical Experience
   - Photograph with Character Voucher Form

FOREIGN GRADUATES
Foreign graduates must review and meet the foreign graduate requirements at:
https://llr.sc.gov/bop/ForeignGraduate.aspx

PRACTICAL EXPERIENCE REQUIREMENTS
The required practical pharmacy experience must have been gained in accordance with South Carolina internship requirements. Completion of the practical experience is not required in order to take the licensure exam, but the practical experience must be completed prior to licensure. Practical experience worked in South Carolina will not be credited unless an internship certificate was issued prior to the experience.

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. A maximum of five hundred (500) hours for a B.S. degree and one thousand (1,000) hours for a PharmD degree may be granted if your college of pharmacy awards that amount for an approved externship/clerkship program. At least 500 hours of experience must be acquired in a retail or institutional pharmacy.

OUT OF STATE INTERN HOURS
Please remit documentation of 500 intern hours. These hours must have been worked under a licensed pharmacist. Please contact the Board of Pharmacy from the state in which you acquired intern hours and request that verification **(with the state SEAL)** be forwarded to this office.

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

EXAM
The MPJE scores are received electronically from NABP approximately ten business days after the exam. You will be notified by mail of your score. You may check your application status on the Board website.

INITIAL APPLICATION
After successful complete of all requirements, you will receive a Pharmacist's Initial Licensure Application. You must complete the initial licensure application form and pay the **$98** initial licensure fee. Your license will be mailed to you within ten business days.

ADDRESS CHANGE
If you move during the licensure process, please advise the Board of Pharmacy in writing of your new address, indicating that you are a candidate for examination.

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, license verifications, etc. All fees are non-refundable.

The NABP Score Transfer is valid for one year from the date the NAPLEX exam is taken.

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 APPLICATION BY SCORE TRANSFER

Include with your application:

- Check or money order (no cash) in the amount of **$350** made payable to LLR-Board of Pharmacy.
  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
- Certified copy of birth certificate
- Certification of Clinical Experience
- Photograph with Character Voucher Form

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

Foreign Graduates:

- Must submit a copy of FPGEC

APPLICANT INFORMATION

First Name:_____ Middle:_____ Last:_____

Since you were last licensed, have you legally changed your name? ☐ Yes ☐ No Prior Name:_____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address:_____ City:_____ State:____ Zip:_____

Mailing Address:_____ City:_____ State:____ Zip:_____
(If different than above)

Phone No.: _____ Cell No.: _____

Email: _____ Social Security No.: _____

Place of Birth (City, State or Country): _____

Date of Birth: _____ Race: _____ Gender: ☐ Female ☐ Male
(For statistical purposes only) (For statistical purposes only)

Business Name: _____ Business Phone: _____

Business Address: _____

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

Name of School	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE
Pharmacy School			
Undergraduate College			

1. Did you complete the 500 Intern hours required for licensure in the State of South Carolina? ☐ Yes ☐ No
   a) If No, have the Board of Pharmacy in the state in which you have completed your 500 intern hours send verification of those hours to the SC Board of Pharmacy.

PRIOR EXAMINATION RECORD
If you have previously taken the Board examination for pharmacist licensure in this or any other state, you must disclose the location, date(s) and result(s).

State: _____ Date exam taken: _____ Results: ☐ Passed ☐ Failed

State: _____ Date exam taken: _____ Results: ☐ Passed ☐ Failed

PRIOR LICENSURE AS PHARMACIST
List any states in which you were previously licensed in. Attach an additional sheet, if needed.

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

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

If licensed in another state, list current and prior work information. Attach an additional sheet if needed.

Business Name: _____ Address: _____

Business Name: _____ Address: _____

PERSONAL HISTORY
A "Yes" answer requires a full written explanation to be attached as well as any other requested documentation.

1. Are you currently being treated for any condition, be it physical, mental and/or emotional, that could impair your ability to serve as a pharmacist? If Yes, include documentation from your physician along with your written explanation. ☐ Yes ☐ No

2. Have you ever been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude? If Yes, attach certified copies of any pertinent legal and/or court documents along with your written explanation. ☐ Yes ☐ No

3. Are you currently under investigation or the subject of pending disciplinary action by any pharmacy licensing board, health care facility or other entity? ☐ Yes ☐ No

AFFIDAVIT

I _____ am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me here in are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Pharmacist in South Carolina.

_____
Signature of Applicant

_____
Print Name of Applicant

Subscribed and sworn to before me this _____ day

of _____ 20_____ .

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____

(Notary Seal)

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.

NOTE:

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, license verifications, etc.

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: _____

Rev: 02-02-2015

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 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

PHOTOGRAPH WITH CHARACTER VOUCHER FORM

Attach a 2x2 Passport style photo

(Polaroid or snapshot photos are not acceptable)

_____
Applicant Signature

_____
Print Name

_____
Date

Character 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 of good moral character and is not addicted to the use of alcohol or narcotic drugs so 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: _____

Character 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 of good moral character and is not addicted to the use of alcohol or narcotic drugs so 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: _____

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

CERTIFICATION OF CLINICAL EXPERIENCE

This is to certify that _____ has completed _____ hours of clinical
(Name of Intern)

pharmacy training approved by the College of Pharmacy at the _____

as a prerequisite to being granted the degree of _____.

_____ _____
Date Signature of Dean

Up to 1000 hours of practical experience credit may be given upon completion of a Pharm.D. degree, consisting of six or more years of collegiate studies for clinical externship.

This form must be completed and returned at the end of the Clinical Training period to:

South Carolina Board of Pharmacy
110 Centerview Drive
Columbia, SC 29210

IT IS THE SOLE RESPONSIBILITY OF THE INTERN TO ENSURE THAT THIS NOTIFICATION IS COMPLETED AND RETURNED TO THE BOARD. LACK OF KNOWLEDGE DOES NOT CONSITITUTE AN ACCEPTABLE EXCUSE.