



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Pharmacy**

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**PHARMACY TECHNICIAN AFFIDAVIT OF EXPERIENCE**

According to the S.C. Pharmacy Practice Act Section 40-43-82(B)(1)(a)-(d): An individual may be state certified as a pharmacy technician if the individual has:

- a high school diploma or equivalent;
- passed the Pharmacy Technician Certification Board (PTCB) examination;
- worked for 1,000 hours under the supervision of a licensed pharmacist as a registered pharmacy technician; and
- completed a Board of Pharmacy-approved pharmacy technician course of study.

This form should be used to document the hours of work experience as a registered pharmacy technician as verified by the Pharmacist-in-Charge. A separate form is required for each employment with certification by the supervising pharmacist at each employment.

Pharmacy Technician Name: \_\_\_\_\_

S.C. Technician Registration Number: \_\_\_\_\_

**AFFIDAVIT OF SUPERVISING REGISTERED PHARMACIST-IN-CHARGE**

Pharmacist-in-Charge Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Physical Address of Pharmacy: \_\_\_\_\_

**Dates of supervision:** From: \_\_\_\_\_ To: \_\_\_\_\_

Total hours worked at this facility: \_\_\_\_\_

**CERTIFYING STATEMENT**

This signed affidavit is to certify that during the specified dates of supervision and the total hours indicated, the pharmacy technician named herein was engaged in the practice of pharmacy technology under my supervision. The duties performed by the pharmacy technician were in accordance with the S.C. Pharmacy Practice Act.

I certify that all statement given herein are true and correct to the best of my knowledge.

**Pharmacist-in-Charge Signature:** \_\_\_\_\_

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