



## PHARMACIST INTERN CERTIFICATE APPLICATION

### Include with your application:

- Check or money order only, in the amount of \$50 made payable to LLR – SC Board of Pharmacy (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. **NO CASH IS ACCEPTED.**
- Copy of your valid Driver’s License, State Issued ID, Passport, or Military ID
- Copy of your Social Security card
- Copy of your birth certificate
- Final non-contingent acceptance letter from pharmacy college (**Not required for foreign graduate**)
- 2 x 2 passport-style photo
- Legal name change document, if applicable
- Verification of Lawful Presence form

FOR BOARD USE ONLY	
Certificate No.	
Check No.	
Date Issued	
Amount Paid	

Section 40-43-84 (A) A foreign pharmacy graduate may secure a certificate of registration as a pharmacy intern upon presenting to the board proof of graduation from a pharmacy school located in a foreign country and a statement of his intent to complete the requirements of the Foreign Pharmacy Graduate Equivalency Examination (FPGEE).

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Former 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.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
 (City, State or Country)

Race: \_\_\_\_\_ Gender:  Female  Male

### 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

**RECIPROCITY CANDIDATE**

Have you applied for reciprocity in SC?  No  Yes If yes, date submitted to NABP: \_\_\_\_\_

**PRIOR LICENSURE AS A 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.)

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(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: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

**PERSONAL HISTORY QUESTIONS**

If you answer “Yes” to any of the below questions, attach a detailed written explanation along with any court or medical 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 with your written explanation.  Yes  No
- 3. Have you ever or 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

**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.

**AFFIDAVIT**

I certify that I have been accepted by an approved college of pharmacy and that I will begin classes not within not more than three (3) months from today’s date; that I am currently attending an approved college of pharmacy; that I am a Foreign Pharmacy Graduate and have submitted the statement of intent to complete the requirements of the Foreign Pharmacy Graduate Equivalency Examination (FPGEE); or that I am a licensed pharmacist in another state applying for reciprocity in South Carolina. I will abide by all regulations governing pharmacy interns and all laws and regulations pertaining to the practice of pharmacy.

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

\_\_\_\_\_  
Print Name of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Notary Name

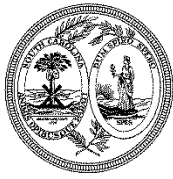
Notary Public for the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Attach a 2x2 Passport style photo**  
  
**Polaroid or snapshot are not acceptable**

*(Notary Seal)*

**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, transcripts, 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: \_\_\_\_\_

## 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)