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

PHARMACY INTERN CERTIFICATE REQUIREMENTS AND INSTRUCTIONS

South Carolina Code Ann. Section 40-43-30(31) defines "Intern" as an individual who is currently registered by certificate in this State to engage in the practice of pharmacy while under the personal supervision of a pharmacist and is satisfactorily progressing toward meeting the requirements for licensure as a pharmacist.

Pursuant to S.C. Code Ann. Section 40-43-84, the Board shall issue an intern certificate to a qualified applicant. A qualified applicant has:

1. Been accepted to an approved college or school of pharmacy, or
2. Graduated from a Board-approved college or school of pharmacy.

Intern certificates may be issued no sooner than three months prior to beginning classes at a Board-approved college or school of pharmacy. Credit for practical experience will not be given to any intern before the issuance of an intern certificate. The intern certificate will be invalid if the student does not matriculate.

ACCEPTANCE LETTER

Applicants who have been accepted to a Board-approved college or school of pharmacy must submit a non-contingent acceptance letter as part of the intern certificate application. This is the official acceptance letter from the college or school and contains no additional requirements to be fulfilled prior to the start of enrollment.

FOREIGN GRADUATES

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 their intent to complete the requirements of the Foreign Pharmacy Graduate Equivalency Examination (FPGEE).

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.

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PHARMACY INTERN CERTIFICATE APPLICATION

Include with your application:

- Check or money order (no cash) in the amount of **$50** 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
- Copy of social security card
- Copy of certified birth certificate
- Notarized Verification of Lawful Presence Form
- Final non-contingent acceptance letter from pharmacy school **(not required for foreign graduate)**
  - Transcript and Letter of Intent (for foreign graduate)
- 2 x 2 passport-type photo
- Supporting legal name change documentation, if applicable.

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

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

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: _____

RECIPROCITY CANDIDATE

1. Have you applied for reciprocity in SC? ☐ Yes ☐ No

   If yes, date submitted to NABP: _____

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 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, fined, or entered in 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

AFFIDAVIT

I certify that I have been accepted by a Board-approved college of pharmacy and that I will begin classes no sooner than three (3) months from today's date; or that I am currently attending a Board-approved pharmacy school; or 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 South Carolina laws governing pharmacy interns and all state and federal laws pertaining to the practice of pharmacy.

_____

Signature of Applicant

_____

Print Name of Applicant

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)