



## INSTRUCTIONS FOR PHARMACY TECHNICIAN REGISTRATION

### IMPORTANT: KEEP THIS PAGE FOR YOUR RECORDS

To become a Pharmacy Technician

- Complete the Pharmacy Technician Registration Application. The \$56 application/ registration fee is non-refundable.
- Complete Verification of Lawful Presence.
- Submit a copy of your valid Driver's License, State Issued ID, Passport or Military ID.
- Submit a copy of your social security card.
- If you are completing this registration form **before April 1<sup>st</sup>**, you are required to renew your registration by **June 30<sup>th</sup>**.

### Examination

An examination **is not required** to become a registered Pharmacy Technician.

### Employment

You may **not** practice as a Pharmacy Technician until you have received your registration.

After you receive your registration and begin employment, you **must** notify the Board in writing within ten (10) days or submit the Notification of Employment Form.

The form is available on the Board of Pharmacy website: [www.llr.sc.gov/pol/pharmacy](http://www.llr.sc.gov/pol/pharmacy).

### Continuing Education SECTION §40-43-130-(G)(1)(4)

Before you are able to renew your registration each year, you must have completed ten (10) hours of ACPE ([www.acep-accredit.org](http://www.acep-accredit.org)) or CME category 1 continuing education.

#### Section §40-43-130(H)

Pharmacy technicians are exempt from continuing education requirements while enrolled in a pharmacy technician program, as well as during the first renewal period following successful completion of the program.

#### Section §40-43-130(G)

Pharmacy technicians are exempt from continuing education requirements for the first renewal period following initial registration.

#### Valid Pharmacy Technician Registration SECTION §40-43-82-(2)(3)

Registrations are valid from July 1 through June 30th each year.

## Important information

### **NABP E-Profile ID Number (IMPORTANT)**

You must have a NABP e-profile ID for the NABP CPE Monitor Service with NABP (National Association of Board of Pharmacy). The e-profile ID will be used to conduct CE audits. To create an e-profile ID, go to [www.nabpharmacy.com](http://www.nabpharmacy.com). Click on "Programs", select "CPE Monitor" and follow the instructions on how to create the NABP-e-Profile.

### **Registration displayed**

If the licensee is working at his or her primary place of employment listed with the Board, the licensee must have his or her original registration displayed. If the licensee is not working at his or her primary place of employment, the licensee must have a wallet card available for inspection. Failure to do so may result in a citation and/or a fine as outlined in regulation 99-45 and 99-46.

- Failure to display pharmacy technician registration or possess wallet card: \$25
- Pharmacy technician working with lapsed registration: \$50

### **Duplicate Copy of Registration**

Pharmacy technician in need of a duplicate registration will need to complete the form and pay a \$10 fee. The duplicate registration form can be located on our website: [www.llr.sc.gov/bop/](http://www.llr.sc.gov/bop/)

### **Name and/or Address Change**

- Pharmacy technician who's legally changed their name, is required to complete the Name and/or Address Change form and submit with the legal documentation supporting the name change. (Marriage license, divorce decree, court order, etc.) If you would like a duplicate copy of your registration with your updated name, you must submit your form with a check or money order for \$10 made payable to the SC Board of Pharmacy.
- If there has been a change in your mailing or physical address, you are required to notify the Board to ensure we have your current and correct information. It also ensures any and all correspondence will be mailed to the correct address. It's prohibited to change your mailing or physical address to your work address. There are no fees associated with an address change.

The Name and/or Address Change form can be located on our website: [www.llr.sc.gov/bop/](http://www.llr.sc.gov/bop/)

### **Additional information**

It's important that you keep all of your responsibilities as a pharmacy technician current and up to date. It is your responsibility as a licensee to be current on information. It is not always wise to rely on your fellow pharmacy technicians, pharmacy interns or pharmacists. Important information can easily be misunderstood or miscommunicated, resulting in consequences for you and your registration. When in doubt contact the Board.

For further information regarding your pharmacy technician registration, laws and policies, and/or any additional topics, visit our website, send us an email or give us a call.

Website: [www.llr.sc.gov/bop/](http://www.llr.sc.gov/bop/)

Email: [contact.pharmacy@llr.sc.gov](mailto:contact.pharmacy@llr.sc.gov)

Board phone: (803)896-4700

Board fax: (803)896-4596

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## PHARMACY TECHNICIAN REGISTRATION APPLICATION

### Include with your application:

- Check or money order (no cash) in the amount of \$56 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 your Social Security card

For Board Use Only	
Reg. No.	
Check No.	
Issued	
Amount Paid	

### APPLICANT INFORMATION

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### EDUCATION/EXPERIENCE INFORMATION

1. Are you a high school graduate?  Yes  No
  - a. If no, have you received your GED or high school equivalency?  Yes  No
2. Are you a graduate of a Pharmacy Technician Program?  Yes  No
3. Have you received on-the-job training as a pharmacy technician?  Yes  No
  - a. If yes, how many months/years of experience do you have as a pharmacy technician? \_\_\_\_\_
4. Are you nationally certified as a pharmacy technician?  Yes  No
5. Have you ever held a pharmacist license, pharmacist technician registration or intern certificate?  Yes  No
  - a. If yes, has the license/registration /certificate ever been disciplined?  Yes  No  
Attach a written explanation if it has been disciplined.
6. Have you ever legally changed your name? (Marriage, divorce, etc.)  Yes  No
  - a. If yes, provide a copy of the legal name change document.

**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 pharmacy technician?  
If yes, include documentation from your physician along with your written explanation.  Yes  No
- 2. Have you ever been convicted of any criminal or civil conviction (other than a minor traffic ticket)? If yes, attach certified copies of any pertinent legal and/or court documents, along with your written explanation and statewide background check from the state the incident took place.  Yes  No
  - a. If yes, is there any legal action pending against you or are you currently on Probation for any charges or legal action?  Yes  No

If you are completing this registration form before April 1st, you are required to renew your registration by June 30<sup>th</sup>.

**CERTIFICATION**

I hereby certify that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for denial or revocation of my registration.

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

\_\_\_\_\_  
Date

**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.

## 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)

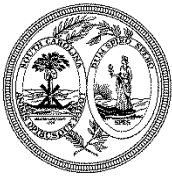
Machine Readable Immigrant Visa (with Temporary I-551 Language)

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)



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: \_\_\_\_\_