



## 2020-2021 ANNUAL PHARMACIST RENEWAL APPLICATION

### Renewal Instructions/Requirements:

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of \$98.00 made payable to the S.C. Board of Pharmacy to the address listed above. (All 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.)
- Applications and any other applicable documentation are due by **September 30, 2020.**
- Renewals postmarked after September 30th will have the following penalty fees assessed:
  - Renewals postmarked October 1st – October 31st the fee including penalties is \$148. Practicing without a renewed license after October 31 is considered a violation of the Practice Act.
  - Renewals postmarked November 1<sup>st</sup> – November 15<sup>th</sup> the fee including penalties is \$248.
  - Renewals postmarked November 16<sup>th</sup> – November 30<sup>th</sup> the fee including penalties is \$298.
  - Renewals postmarked December 1<sup>st</sup> – December 15<sup>th</sup> the fee including penalties is \$348.
  - Renewals postmarked December 16<sup>th</sup> – December 31<sup>st</sup> the fee including penalties is \$398.
  - Licenses not renewed by December 31<sup>st</sup> will require a reinstatement application and may require a Board appearance.
- **INACTIVE STATUS INFORMATION:** You may place your license on an inactive status online or by mailing your renewal application to the Board. You are not required to obtain CE hours for this status. You will still need to remit the fees as stated above, including any penalty fees according to the time period the renewal form is mailed.
  - Should you choose to reactivate your currently inactive license, you will need to submit documentation of 15 hours of continuing education (6 hours must be live) for the renewal year, *plus* an additional 15 hours of continuing education (6 hours must be live) that must be obtained during the calendar year immediately preceding the date of this renewal application. (For a total of 30 hours of CE, with 12 hours being live.)

I am applying for:  Active Status  Inactive Status

Check here  if you do not wish to renew your license. Fill out your name, license number, address information, sign your name and return this form to the above address.

Pharmacist License No.: \_\_\_\_\_

### LICENSEE INFORMATION

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

Since you were licensed, have you legally changed your name?  Yes  No Maiden 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.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTINUING EDUCATION**

You cannot renew until you have completed the CE requirements. Do not submit any CEU documentation at this time. A random audit will be conducted at the end of the renewal period requiring proof of CEU’s to be remitted. The Board will not maintain copies of your CEU documentation if you submit them with your renewal.

- 1. Did you receive your license to practice Pharmacy in South Carolina for the first time after **January 1, 2019**? If “Yes”, you are exempt for the CE requirement for this renewal period, and you do not have to answer question #2 for the Continuing Education portion.  Yes  No
- 2. Since your last renewal, have you completed at least **15 hours of CE to include 6 live hours** and 50% in drug therapy or patient management?  Yes  No
- 3. Do you administer immunizations? If you answered yes, you are required to have no less than one (1) hour of CE regarding administration of immunizations. (ACPE or CME category 1)  Yes  No
- 4. Do you have one (1) hour of CE regarding administration of immunizations? (ACPE or CME category 1)  Yes  No
- 5. Do you have one (1) hour of CE related to monitoring of controlled substances?  Yes  No
- 6. Do you participate in the NABP CPE Monitor Service?  Yes  No  
If “Yes”, what is your E-Profile ID Number? \_\_\_\_\_

**Activity Status in South Carolina: (Check one only)**

- 01 Currently practicing pharmacy in South Carolina
- 02 Not currently practicing pharmacy
- 18 Currently practicing pharmacy Out-of-State
- 08 Retired

**PRIMARY LOCATION OF PRACTICE**

Employer Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Practice County: \_\_\_\_\_ Current hours per week work: \_\_\_\_\_

**Practice Setting: (Check one only)**

- 01 Independent Community Pharmacy
- 02 Small Chain Pharmacy
- 03 Large Chain Pharmacy
- 04 Medical Bldg./Clinic Pharmacy
- 07 College of Pharmacy
- 11 Hospital – Nonfederal
- 22 Hospital – Federal/Military
- 41 Home Care/Infusion Svcs.
- 44 Policy/Plan./Reg./Lic./Advocacy
- 53 Pharmacy Wholesaler
- 54 Pharmacy Manufacturer
- 55 Mail Order Pharmacy
- 56 Nuclear Pharmacy
- 57 Long Term Care Pharmacy
- 48 Other Government
- 71 Other: (Specify) \_\_\_\_\_

**Form of Practice: (Check one only)**

- 03 Manager (Chief/Director/PIC)
- 05 Staff Pharmacist
- 06 Faculty – College of Pharmacy
- 08 Pharmacy Administration
- 09 Consultant Pharmacist
- 11 Sole Owner, Self, Solo
- 12 Partner, Partnership, Group
- 42 Other

**SECONDARY LOCATION OF PRACTICE IN SOUTH CAROLINA**

Employer Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Practice County: \_\_\_\_\_ Current hours per week work: \_\_\_\_\_

Practice Setting: (See above for choices) \_\_\_\_\_

**THIRD LOCATION OF PRACTICE IN SOUTH CAROLINA**

Employer Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Practice County: \_\_\_\_\_ Current hours per week work: \_\_\_\_\_

Practice Setting: (See above for choices) \_\_\_\_\_

List all other states in which you are currently licensed and the status (example: Active, Inactive, Probation, Suspended, Restricted) of each license:

<u>State</u>	<u>License No.</u>	<u>Status</u>	<u>State</u>	<u>License No.</u>	<u>Status</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did you complete a Pharm. D degree?  Yes  No

If Yes, what year did you graduate? \_\_\_\_\_

**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.

- Is your ability to practice as a pharmacist currently impaired by any physical, emotional or mental condition or illness or alcohol or substance abuse or addiction to the extent that it might interfere with your ability to safely perform the essential functions of the practice of pharmacy? *(If you have voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance with RPP, you may answer “no” as to any alcohol or substance abuse/addiction).*  Yes  No
- Since your last renewal (or if this is your first renewal since your initial license application), have you had a professional license revoked, suspended, reprimanded, restricted, placed on probation or have you otherwise been disciplined by any professional or occupational licensing board or entity, or have you voluntarily surrendered a professional license while under investigation for misconduct?  Yes  No
- Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs, fraud, dishonesty or other moral turpitude?  Yes  No
- Since your last renewal (or if this is your first renewal, since your initial license application), has there been any change in the status of your lawful presence in the United States?  Yes  No

**ATTESTATION**

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.