South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy

2015-2016 ANNUAL PHARMACIST LICENSE RENEWAL FORM

Name: _____ Pharmacist License Number: _____

1. Renew online at https://eservice.llr.sc.gov/OnlineRenewals/with the user ID and password you received in the mail.
2. If you do not renew online, your correctly completed license renewal form must be received by the Board **before April 1, 2015**, to avoid a late fee of **$50 (40-43-110-B).** All incomplete forms will be returned to you for corrections. **NOTE**: If your correctly completed renewal form is not received before April 1st, late fees and penalties will apply as required by law. Details are on our website at www.llr.state.sc.us/pol/pharmacy under the Licensure link.
3. You must provide all information requested on this form. If an item is not applicable, answer "N/A." *NOTE: The Congressional District (#1-7) in which you reside in **South Carolina MUST** be completed. To obtain this information, contact your local Voter's Registration Office or www.state.sc.us/scsec/ , click on "voter registration" and then "check your voter registration information."
4. **Your signature is required on page 3 of this renewal form.**.
5. The required payment of **$70** is from **February 1, 2015 to March 30, 2015**. **April 1, 2015 to April 30, 2015-** renewal fee plus late fee is **$120** is payable by money order or personal check, made payable to: S.C. Pharmacy Board which will renew your license through **April 30, 2016**.
6. All renewal applications received after **April 30, 2015** are subject to additional penalties as listed:

Time Window	License Fee	Penalty	Additional Penalty	Total Fees Due
May 1 through May 15	$ 70	$ 50	$ 100	$ 220
May 16 through 31	$70	$ 50	$ 150	$ 270
June 1 through June 15	$70	$ 50	$ 200	$ 320
June 16 through June 30	$70	$ 50	$ 250	$ 370
After July 1	Disciplinary Proceedings before full Board of Pharmacy			

7. **INACTIVE STATUS INFORMATION:** You may place your license on an inactive status online or by mailing your renewal application to the Board. Inactive Renewal fee of **$70** is from **February 1, 2015 to March 30, 2015**. **April 1, 2015 to April 30, 2015-** inactive renewal fee plus late fee is **$120**. All renewal applications received after **April 30, 2015** are subject to additional penalties as listed above.

Preferred Mailing Address

_____

_____

_____

Mailing County: _____

Activity Status: _____

Primary Place of Practice

_____

_____

_____

Business County: _____

Business Phone: _____

Hrs/Wk: _____

Permit #: _____

(Confidential for DHEC Emergency Contact Systems)

Home Address

_____

_____

_____

Home County: _____

Phone: _____

***S.C. CONGRESSIONAL DISTRICT**

Home District: _____

Activity Status (check one only) currently on file:

__01 currently practicing Pharmacy __02 temporarily not practicing Pharmacy ___ 08 Retired __Out of State

Practice Setting (check one only) currently on file:

__01 Independent Community Pharmacy __02 Small Chain __03 Large Chain
__04 Medical Bldg/Clinic Pharmacy __07 College of Pharmacy __11 Private Hospital
__12 Nursing Home __22 Government Hospital __48 Other Government
__53 Pharmacy Wholesaler __54 Pharmacy Manufacturer __71 other
__55 Mail Order

Form of Practice (check one only) currently on file:

__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 (list additional locations if necessary)

Name of Pharmacy or Employer			Permit #
Street Address (PO Box not accepted)	City	State	Zip + 4
County	Setting (see above for choices)	Hrs./Wk	Telephone

Third Location of Practice (list additional locations if necessary)

Name of Pharmacy or Employer			Permit #
Street Address (PO Box not accepted)	City	State	Zip + 4
County	Setting (see above for choices)	Hrs./Wk	Telephone

List all other states in which you have ever been licensed and the status (Active, Inactive, Revoked) of each license.

STATE	LICENSE #	STATUS	STATE	LICENSE #	STATUS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Degrees in Pharmacy: _____BS _____ PharmD (if post BS, enter date PharmD received) _____

Since your last renewal, list highest degree you earned in Pharmacy _____

COLLEGE TRAINING COMPLETED

NAME OF SCHOOL	DEGREE	MONTH/DAY/YEAR GRADUATED
_____	_____	_____
_____	_____	_____

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF ANSWER IS "YES" TO ANY OF THE QUESTIONS BELOW, ATTACH A FULL WRITTEN EXPLANATION AND LEGAL/MEDICAL DOCUMENTATION IF AVAILABLE.

1. Since you last registered with this Board, have you had any Formal Complaint, disciplinary action or Consent Agreement filed against you by any person or Pharmacy Board; has any malpractice judgment or settlement been rendered against you; or have you been refused licensure by any agency? Yes ☐ No☐

2. Since you last registered with this Board, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public? (If you are currently enrolled in the Recovering Professionals Program (RPP), you may answer no to this question.) Yes ☐ No☐

3. Since you last registered with this Board, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)? Yes ☐ No☐

4. Since you last registered with this Board, has there been any change in your name? (You must provide copy of legal document effecting change, if not previously provided.) Yes ☐ No☐

5. Has there been any change in the status of your lawful presence in the United States since initial licensure? Yes ☐ No☐

CONTINUING EDUCATION

*Do not submit any CEU documentation to the Board's office. The Board will not maintain copies of your CEU documentation. A random audit will be conducted at the end of the renewal period requiring proof of CEU's completed.

1. Did you receive your license to practice Pharmacy in South Carolina for the first time between **January 1, 2014**, and **April 30, 2015**? Yes ☐ No☐. 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.

2. Have you completed at least **15 hours of CE to include 6 live hours and 50% in drug therapy or patient management obtained after January 1, 2013 and prior to this renewal**? Yes ☐ No☐

3. Do you administer influenza immunizations? Yes ☐ No☐ If you answered yes, you are required to have no less than one (1) hour of CE regarding administration of influenza vaccine . (ACPE or CME category 1)

4. Do you have one (1) hour of CE regarding administration of influenza vaccine ? (ACPE or CME category 1) Yes ☐ No☐

Please check this box if you are willing for your name to be added to a list of volunteer pharmacists who may be called upon in the event of a natural disaster (i.e. hurricane) or a bioterrorism event. ☐

I am applying for: ☐ ACTIVE STATUS ☐ INACTIVE STATUS

If you do not wish to renew your license, check here ☐, sign your name below and return this form

A PENALTY FEE IS ADDED TO THE RENEWAL FEE IF A COMPLETED RENEWAL IS NOT RECEIVED BEFORE APRIL 1, 2015; FAILURE TO RENEW BY JUNE 30, 2015, WILL CAUSE YOUR LICENSE TO LAPSE AND DISCIPLINE FOR UNLICENSED PRACTICE WILL RESULT, ACCORDING TO GUIDELINES ESTABLISHED BY THE BOARD.

I hereby certify that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for disciplinary action against my S.C. license.

SIGNATURE OF LICENSEE: _____ DATE: _____

DISCLAIMER

"South Carolina Law requires the agency 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 services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number."

- **Return completed renewal application**
- **Non-Refundable renewal fee Check or Money Order only (DO NOT SEND CASH)**
- **If the application is brought to the office, bring check or money order only**
- **Make Check or Money order payable to: SC Board of Pharmacy**

To: S.C. Board of Pharmacy
P O Box 11927
Columbia, SC 29211-1927