



Board of Pharmacy

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www.llronline.com/POL/Pharmacy/



INSTRUCTIONS FOR PHARMACY TECHNICIAN REGISTRATION

IMPORTANT: KEEP THIS PAGE FOR YOUR RECORDS

To become a Pharmacy Technician

- Complete the Pharmacy Technician Registration Application.
- 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.

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.

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

Before you are able to renew your registration each year, you must have completed ten hours of continuing education. Four (4) of those hours must be live.

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

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.

Sample list of web sites for CE (Continuing Education) credits

www.rxschool.com www.scrx.org www.techlectures.com www.powerpak.com www.freece.com

Only ACPE courses are accepted. To determine if a course is L (live) or H (home), the ACPE UPN# will look like this example: **430-000-09-021-H01 or 430-000-09-021-L01**

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. Click on "CPE Monitor" at the top of the page then select the "Log In to CPE Monitor via e-Profile" and click on "Customers" and create a login.

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/pol/pharmacy

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/pol/pharmacy

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/pol/pharmacy

Email: contact.pharmacy@llr.sc.gov

Board phone: (803)896-4700

Board fax: (803)896-4596

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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 ZipCode)
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: _____