



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

LICENSURE BY EXAMINATION REQUIREMENTS AND INSTRUCTIONS

In order to become licensed as a pharmacist in South Carolina, the law requires that an applicant present to the Board of Pharmacy satisfactory evidence that the applicant has:

1. Completed 1,500 hours of practical experience in pharmacy under the supervision of a licensed pharmacist, which shall be approved by the South Carolina Board of Pharmacy.
2. Received a Bachelor of Science in Pharmacy or a Doctor of Pharmacy degree from an accredited school, college or department of pharmacy as determined by the Board.
3. Passed the examinations required and approved by the South Carolina Board of Pharmacy and paid all required fees.

PRACTICAL EXPERIENCE REQUIREMENTS

The required practical pharmacy experience must have been gained in accordance with South Carolina internship requirements. Completion of the practical experience is not required in order to take the licensure exam, but the practical experience must be completed prior to licensure. Practical experience worked in South Carolina will not be credited unless an internship certificate was issued prior to the experience.

OUT OF STATE INTERN HOURS

Please remit documentation of 500 intern hours. These hours must have been worked under a licensed pharmacist. Please contact the Board of Pharmacy from the state in which you acquired intern hours and request that verification (**with the state SEAL**) be forwarded to this office.

If intern hours were not reported to a State Board of Pharmacy:

The Pharmacist-in-Charge of the pharmacy in which you worked must submit a letter on company letterhead verifying the total number of intern hours obtained and provide the following information:

- Verifying Pharmacist's name and license number
- Name of pharmacy, address and permit/license number
- Submit a copy of current facility(s) permit/license
- Submit a copy of verifying pharmacist's current license

APPLICATION PROCEDURE FOR EXAMINATION

The process of applying for examination in South Carolina consists of three separate forms:

- South Carolina Board of Pharmacy Application for Examination
- North American Pharmacist Licensure Examination (NAPLEX)
- Multistate Pharmacy Jurisprudence Examination (MPJE)

Study material recommendations and links can be found online at:

- <https://llr.sc.gov/bop/laws.aspx>
- Your best resource would be the SCPhA website: <https://www.scrx.org/> and under the "Resources" tab—choose "MPJE Resources: MPJE Review Material Online".

1. **Download and read the entire NAPLEX/MPJE Registration Bulletin and follow instructions explicitly.** The Registration Bulletin is on the web at <https://nabp.pharmacy/>

Once you have submitted this application to the SC Board of Pharmacy, you may apply for the NAPLEX and MPJE exams on the NABP website: <https://nabp.pharmacy/>

- There is a **\$575** fee for the NAPLEX
- There is a **\$250** fee for the MPJE

The examinations are administered by Pearson VUE daily Monday through Saturday except holidays.

Pearson VUE will provide the Authorization to Test (ATT) and confirmation letters. The ATT provides all the scheduling information you require and the confirmation letter will include verification of the exam date and time as well as the address of the testing center.

NAPLEX and MPJE scores are received electronically from NABP approximately ten business days after the exam. You will be notified by email of your scores.

2. Complete the SC Board of Pharmacy Application for Examination.

Include with your application:

- Submit payment in the amount of **\$100** (application fee) via credit card or electronic check made payable to:
LLR – SC 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.
- Upload a copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Upload a copy of your social security card
- Upload a copy of birth certificate
- Upload Certification of Clinical Experience
- Upload Photograph with Character Voucher Form
- Upload Pharmacist Signature Affidavit

3. **Once you have passed the NAPLEX and MPJE** and completed the required practical experience, you will receive a Pharmacist's Initial Licensure Application. You must complete the Initial Licensure application form and pay the non-refundable **\$98** initial licensure fee. Your license will be mailed to you within ten business days.

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. All fees are non-refundable.

If you move during the licensure process, please advise the Board of Pharmacy in writing of your new address, indicating that you are a candidate for examination.

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: _____



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CERTIFICATION OF CLINICAL EXPERIENCE

This is to certify that _____ has completed _____ hours of clinical
(Name of Intern)
pharmacy training approved by the College of Pharmacy at the _____
as a prerequisite to being granted the degree of _____.

Date

Signature of Dean

Up to 1000 hours of practical experience credit may be given upon completion of a Pharm.D. degree, consisting of six or more years of collegiate studies for clinical externship.

This form must be completed and returned at the end of the Clinical Training period to:

South Carolina Board of Pharmacy
110 Centerview Drive
Columbia, SC 29210

IT IS THE SOLE RESPONSIBILITY OF THE INTERN TO ENSURE THAT THIS NOTIFICATION IS COMPLETED AND RETURNED TO THE BOARD. LACK OF KNOWLEDGE DOES NOT CONSITITUTE AN ACCEPTABLE EXCUSE.



PHOTOGRAPH WITH CHARACTER VOUCHER FORM

Attach a 2x2 Passport style photo
 (Polaroid or snapshot photos are not acceptable)

 Applicant Signature

 Print Name

 Date

Character Voucher A (Pharmacist 1)

I hereby certify I am a licensed pharmacist in good standing in the State of _____, my license number is: _____.

I hereby witness the above picture is a true likeness of the applicant whose signature appears above.

I further certify that I have been personally acquainted with _____ for _____ (Name of applicant) and that to the best of my knowledge, _____ (Months/year(s))

he/she is of good moral character and is not addicted to the use of alcohol or narcotic drugs so as to render him/her unfit to practice pharmacy. I hereby recommend him/her as worthy to be licensed to practice pharmacy in South Carolina.

Remarks: _____

Signature: _____
 Print Name: _____
 Address: _____
 City, State, & Zip: _____
 Date: _____

Character Voucher B (Pharmacist 2)

I hereby certify I am a licensed pharmacist in good standing in the State of _____, my license number is: _____.

I hereby witness the above picture is a true likeness of the applicant whose signature appears above.

I further certify that I have been personally acquainted with _____ for _____ (Name of applicant) and that to the best of my knowledge, _____ (Months/year(s))

he/she is of good moral character and is not addicted to the use of alcohol or narcotic drugs so as to render him/her unfit to practice pharmacy. I hereby recommend him/her as worthy to be licensed to practice pharmacy in South Carolina.

Remarks: _____

Signature: _____
 Print Name: _____
 Address: _____
 City, State, & Zip: _____
 Date: _____



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PHARMACY SIGNATURE AFFIDAVIT

I _____ am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me here in are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice as a Pharmacist in South Carolina.

 Signature of Applicant

 Print Name of Applicant

Subscribed and sworn to before me this _____ day
 of _____ 20 _____.

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____

(Notary Seal)