



## APPLICATION PROCEDURE FOR EXAMINATION BY SCORE TRANSFER REQUIREMENTS AND INSTRUCTIONS – ELECTRONIC APP

You must pass the North American Pharmacist Licensure Examination (NAPLEX) before registering for the South Carolina portion of the Multistate Pharmacy Jurisprudence Examination (MPJE).

- Download and read the entire NAPLEX/MPJE Registration Bulletin and follow instructions explicitly. The Registration Bulletin is on the web at <http://www.nabp.net/programs/examination/mpje/registration-bulletin> .
    - Registration instructions
    - Testing appointment information
    - Test administration
    - Information on score results
  - Register for the MPJE exam on the NABP website <http://www.nabp.net/programs/examination/mpje/registering-for-the-mpje>
    - 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.
    - Study material recommendations and links can be found online at: <http://www.llronline.com/POL/Pharmacy/index.asp?file=laws.htm>; and SC Pharmacy Association (SCPhA) website: <https://scrx.org/ce-events/ce-on-demand/mpje/>
  - **Complete the SC Board of Pharmacy Application by Score Transfer online. Submit with your application:**
    - Payment in the amount of \$350 via Visa, MasterCard or E-Check. 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 certified copy of your birth certificate
    - Upload Notarized Verification of Lawful Presence (Attached)
    - Upload Notarized Signature Affidavit (Attached)
    - Upload the completed Certification of Clinical Experience (Attached)
    - Upload the completed Photograph with Character Voucher Form Attached)
- Have submitted directly to the Board office at the address above:**
- Professional College Transcripts
  - Foreign graduates do not require the Certification of Clinical Experience or the College Affidavit.
  - Foreign graduates must submit a copy of their FPGEC certificate.

## **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

## **FOREIGN GRADUATES**

Foreign graduates must obtain their experience in the United States, after an internship certificate has been issued. Intern certificates require that you provide the Board of Pharmacy copies of (1) your Social Security card (2) your TOEFL scores and (3) your FPGEC.

Fifteen hundred (1,500) hours of practical experience, gained in accordance with South Carolina internship requirements in effect at the time the internship was gained, are required for licensure. Internship training shall be acquired under the supervision, direction and instruction of a licensed pharmacist in a pharmacy, site, or program approved by the Board as being a proper place for the training of a pharmacy intern. A maximum of five hundred (500) hours for a B.S. degree and one thousand (1,000) hours for a PharmD degree may be granted if your college of pharmacy awards that amount for an approved externship/clerkship program. At least 500 hours of experience must be acquired in a retail or institutional pharmacy.

**The MPJE scores are received electronically from NABP approximately ten business days after the exam. You will be notified by mail of your score. No information will be given over the telephone. You may check your application on the Board website.**

After successful complete of all requirements, you will receive a Pharmacist's Initial Licensure Application. You must complete the initial licensure application form and pay the **\$98** initial licensure fee. Your license will be mailed to you within ten business days.

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.

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, transcripts, license verifications, etc. All fees are non-refundable.



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

## 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)

## 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  
(Name of Intern)

\_\_\_\_\_ hours of clinical 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 CONSTITUTE 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) \_\_\_\_\_ (Months/year(s)) and that to the best of my knowledge,

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) \_\_\_\_\_ (Months/year(s)) and that to the best of my knowledge,

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: \_\_\_\_\_