



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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PHARMACY TECHNICIAN AFFIDAVIT OF EXPERIENCE

According to the S.C. Pharmacy Practice Act Section 40-43-82(B)(1)(a)-(d), An individual may be state certified as a pharmacy technician if the individual has: a high school diploma or equivalent; passed the Pharmacy Technician Certification Board (PTCB) examination; worked for 1,000 hours under the supervision of a licensed pharmacist as a registered pharmacy technician and completed a Board of Pharmacy-approved pharmacy technician course of study.

This form should be used to document the hours of work experience as a registered pharmacy technician as verified by the Pharmacist-in-Charge. Use the reverse side of this form for reporting hours.

Pharmacy Technician Name & Address	FOR OFFICE USE ONLY
	Date Received:
	Hours Accepted:
	Total Hours:
	Notes:

Affidavit of Registered Pharmacist Under Whose Supervision Applicant Worked

This is to certify that I am _____, a licensed
 (Name of Pharmacist-in-Charge)
 pharmacist in the state of _____, with license number _____
 (State)
 and that the following individual, _____, with
 (Name of Pharmacy Technician)
 technician registration number _____, worked under my supervision, direction and instruction within
 the following dates: _____ to _____ at the _____
 (Name of Pharmacy)
 _____ with permit number _____.
 (City, State, Zip)

During this period, the technician named herein was engaged in the practice of pharmacy technology under my supervision. The duties performed by the technician were in accordance with the SC Pharmacy Practice Act.

I certify that all statements given herein are true and correct to the best of my knowledge.

Signed: _____
 (Pharmacist-in-Charge)

(Notary Stamp)

Sworn and subscribed to me this day: _____

Notary Public: _____

My commission expires: _____

HOURS REPORTING FORM FOR PHARMACY TECHNICIANS

Additional documentation will be required for hours completed more than five (5) years before the date of submission.
Hours must be verified by a pharmacist.

TOTAL NUMBER OF HOURS SUBMITTED _____

<p>YEAR _____</p> <p>Location of Employment (as a registered pharmacy technician) _____</p> <p>Address of Pharmacy _____ _____</p> <p>Phone # _____ Total hours worked at this facility _____</p>
<p>YEAR _____</p> <p>Location of Employment (as a registered pharmacy technician) _____</p> <p>Address of Pharmacy _____ _____</p> <p>Phone # _____ Total hours worked at this facility _____</p>
<p>YEAR _____</p> <p>Location of Employment (as a registered pharmacy technician) _____</p> <p>Address of Pharmacy _____ _____</p> <p>Phone # _____ Total hours worked at this facility _____</p>
<p>YEAR _____</p> <p>Location of Employment (as a registered pharmacy technician) _____</p> <p>Address of Pharmacy _____ _____</p> <p>Phone # _____ Total hours worked at this facility _____</p>