



**PHARMACY TECHNICIAN REGISTRATION**

**Include with your application:**

- Check or money order (no cash) in the amount of **\$56** made payable to LLR-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.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of social security card
- Notarized [Verification of Lawful Presence Form](#)
- Supporting legal name change documentation, if applicable.

For Board Use Only	
License No.	
Check No.	
Issued	
Amount paid	

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Have you ever legally changed your name?  Yes  No Prior Name: \_\_\_\_\_  
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, or court order.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For statistical purposes only: Race: \_\_\_\_\_ Gender:  Female  Male

**EMPLOYER INFORMATION**

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ SC Permit Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

**PRIOR OR OUT-OF-STATE LICENSE/CERTIFICATION/REGISTRATION**

List any state in which you were previously licensed as a pharmacist, pharmacy technician, or pharmacy intern. Attach an additional sheet, if needed.

1. Have you ever held a pharmacist license, pharmacist technician registration or intern certificate?  Yes  No

State: \_\_\_\_\_ Date licensed: \_\_\_\_\_ License No.: \_\_\_\_\_ Status: \_\_\_\_\_  
 (active, lapsed, etc.)

State: \_\_\_\_\_ Date licensed: \_\_\_\_\_ License No.: \_\_\_\_\_ Status: \_\_\_\_\_  
 (active, lapsed, etc.)

## PERSONAL HISTORY

If you answer “Yes” to any of the below questions, attach a detailed written explanation along with any court or medical documentation.

1. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance, you may answer ‘No’ with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer ‘No.’)  Yes  No

## DISCIPLINARY HISTORY

For any “Yes” answers below, please provide and submit a detailed explanation for each. Official documentation of judgment(s) or disposition(s) must also be provided, as well as the city and state where the offense(s) or discipline occurred.

1. Have you ever had a professional license, registration or permit disciplined, denied, refused, voluntarily surrendered, or revoked?  Yes  No
  - a. Are you currently under investigation or do you have any pending disciplinary action against any license, registration or permit you currently hold or previously held?  Yes  No
2. Have you ever been convicted of, fined, or entered into a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)?  Yes  No

If yes, you will need to upload an official statewide criminal background check from the state in which the conviction occurred along with official court documentation to include the final disposition.

- a. Are you currently under investigation or do you have any legal action pending against you related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action?  Yes  No

## AFFIDAVIT

I HEREBY swear/affirm I have read all questions on this application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately, and completely may constitute cause for the initiation of disciplinary action against my South Carolina licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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.



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: \_\_\_\_\_

## 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)