



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

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llr.sc.gov/bop

**2024-2025 ANNUAL PHARMACIST RENEWAL APPLICATION**

**Renewal Instructions/Requirements:**

- Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of \$98.00 made payable to the S.C. Board of Pharmacy to the address listed above. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Applications and any other applicable documentation are due by **March 31, 2024**.
- Renewals postmarked after March 31st will have the following penalty fees assessed:
  - Renewals postmarked April 1st – April 30th the fee including penalties is \$148. Practicing without a renewed license after April 30th is considered a violation of the Practice Act.
  - Renewals postmarked May 1st – May 15th the fee including penalties is \$248.
  - Renewals postmarked May 16th – May 31st the fee including penalties is \$298.
  - Renewals postmarked June 1st – June 15th the fee including penalties is \$348.
  - Renewals postmarked June 16th – June 30th the fee including penalties is \$398.
  - Licenses not renewed before July 1st will require a reinstatement application and may require a Board appearance.
- **INACTIVE STATUS INFORMATION:** You may place your license on an inactive status online or by mailing your renewal application to the Board. You are not required to obtain CE hours for this status. You will still need to remit the fees as stated above, including any penalty fees according to the time period the renewal form is submitted.
  - Should you choose to reactivate your currently inactive license, you will need to submit documentation of 15 hours of continuing education for the renewal year *plus* an additional 15 hours of continuing education that must be obtained during the calendar year immediately preceding the date of this renewal application for a total of 30 hours of CE.

I am applying for:  Active Status  Inactive Status

Check here  if you do not wish to renew your license. Fill out your name, license number, address information, sign your name and return this form to the above address.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit: <https://scdhec.gov/BetterImpact>

Pharmacist License No.: \_\_\_\_\_

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

**LICENSEE INFORMATION**

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

Since you were last licensed, have you legally changed your name?  Yes  No Prior Name: \_\_\_\_\_  
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_  
Congressional District (SC Residents Only)

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

Phone No.: \_\_\_\_\_ NABP E-Profile: \_\_\_\_\_

Email: \_\_\_\_\_

**Current Activity Status (check one only):**

- |  |   |
|--|---|
| <input type="checkbox"/> Active Practice, in SC                                  | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer work only                    | <input type="checkbox"/> Not Currently Practicing, Disabled   |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice     | <input type="checkbox"/> Retired                              |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other: _____                         |

Please indicate your Total Number of Hours per week engaged in pharmacy or related work (all locations): \_\_\_\_\_

**PRIMARY LOCATION OF PRACTICE**

Employer Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Practice County: \_\_\_\_\_ Current hours worked per week: \_\_\_\_\_

**Primary Practice Setting: (Check one only)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 01 Independent Community Pharmacy    | <input type="checkbox"/> 02 Small Chain Pharmacy     | <input type="checkbox"/> 03 Large Chain Pharmacy            |
| <input type="checkbox"/> 04 Medical Bldg./Surgery Ctr./Clinic | <input type="checkbox"/> 07 College of Pharmacy      | <input type="checkbox"/> 11 Hospital – Nonfederal           |
| <input type="checkbox"/> 22 Hospital – Federal/Military       | <input type="checkbox"/> 41 Home Care/Infusion Svcs. | <input type="checkbox"/> 44 Policy/Plan./Reg./Lic./Advocacy |
| <input type="checkbox"/> 48 Other Government                  | <input type="checkbox"/> 53 Pharmacy Wholesaler      | <input type="checkbox"/> 54 Pharmacy Manufacturer           |
| <input type="checkbox"/> 55 Mail Order Pharmacy               | <input type="checkbox"/> 56 Nuclear Pharmacy         | <input type="checkbox"/> 57 Long Term Care Pharmacy         |
| <input type="checkbox"/> 58 Managed Care/Insurance/Industry   | <input type="checkbox"/> 71 Other: (Specify) _____   |   |

**Primary Form of Practice: (Check one only)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 03 Manager (Chief/Director/PIC) | <input type="checkbox"/> 05 Staff Pharmacist       | <input type="checkbox"/> 06 Faculty – College of Pharmacy |
| <input type="checkbox"/> 08 Pharmacy Administration      | <input type="checkbox"/> 09 Consultant Pharmacist  | <input type="checkbox"/> 11 Sole Owner, Self, Solo        |
| <input type="checkbox"/> 12 Partner, Partnership, Group  | <input type="checkbox"/> 42 Other: (Specify) _____ |   |

**SECONDARY LOCATION OF PRACTICE IN SOUTH CAROLINA (if applicable)**

Employer Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Practice County: \_\_\_\_\_ Current hours worked per week: \_\_\_\_\_

**Secondary Practice Setting: (Check one only)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 01 Independent Community Pharmacy    | <input type="checkbox"/> 02 Small Chain Pharmacy     | <input type="checkbox"/> 03 Large Chain Pharmacy            |
| <input type="checkbox"/> 04 Medical Bldg./Surgery Ctr./Clinic | <input type="checkbox"/> 07 College of Pharmacy      | <input type="checkbox"/> 11 Hospital – Nonfederal           |
| <input type="checkbox"/> 22 Hospital – Federal/Military       | <input type="checkbox"/> 41 Home Care/Infusion Svcs. | <input type="checkbox"/> 44 Policy/Plan./Reg./Lic./Advocacy |
| <input type="checkbox"/> 48 Other Government                  | <input type="checkbox"/> 53 Pharmacy Wholesaler      | <input type="checkbox"/> 54 Pharmacy Manufacturer           |
| <input type="checkbox"/> 55 Mail Order Pharmacy               | <input type="checkbox"/> 56 Nuclear Pharmacy         | <input type="checkbox"/> 57 Long Term Care Pharmacy         |
| <input type="checkbox"/> 58 Managed Care/Insurance/Industry   | <input type="checkbox"/> 71 Other: (Specify) _____   |   |

**THIRD LOCATION OF PRACTICE IN SOUTH CAROLINA (if applicable)**

Employer Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Practice County: \_\_\_\_\_ Current hours worked per week: \_\_\_\_\_

**Third Practice Setting: (Check one only)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 01 Independent Community Pharmacy    | <input type="checkbox"/> 02 Small Chain Pharmacy     | <input type="checkbox"/> 03 Large Chain Pharmacy            |
| <input type="checkbox"/> 04 Medical Bldg./Surgery Ctr./Clinic | <input type="checkbox"/> 07 College of Pharmacy      | <input type="checkbox"/> 11 Hospital – Nonfederal           |
| <input type="checkbox"/> 22 Hospital – Federal/Military       | <input type="checkbox"/> 41 Home Care/Infusion Svcs. | <input type="checkbox"/> 44 Policy/Plan./Reg./Lic./Advocacy |
| <input type="checkbox"/> 48 Other Government                  | <input type="checkbox"/> 53 Pharmacy Wholesaler      | <input type="checkbox"/> 54 Pharmacy Manufacturer           |
| <input type="checkbox"/> 55 Mail Order Pharmacy               | <input type="checkbox"/> 56 Nuclear Pharmacy         | <input type="checkbox"/> 57 Long Term Care Pharmacy         |
| <input type="checkbox"/> 58 Managed Care/Insurance/Industry   | <input type="checkbox"/> 71 Other: (Specify) _____   |   |

Did you complete a Pharm. D degree?  Yes  No

If Yes, what year did you graduate? \_\_\_\_\_

**CONTINUING EDUCATION**

You cannot renew until you have completed the CE requirements. Do not submit any CEU documentation at this time. A random audit will be conducted at the end of the renewal period requiring proof of CEUs to be remitted. The Board will not maintain copies of your CEU documentation if you submit them with your renewal.

1. Did you receive your license to practice Pharmacy in South Carolina for the first time after **January 1, 2023**? If “Yes”, you are exempt for the CE requirement for this renewal period, and you do not have to answer question #2 for the Continuing Education portion.  Yes  No
2. Since your last renewal, have you completed at least **15 hours of CE** with 50% of hours on drug therapy or patient management?  Yes  No
3. Do you administer immunizations? If you answered “Yes”, you are required to have no less than one (1) hour of CE regarding administration of immunizations. (ACPE or CME category 1)  Yes  No
4. Do you have one (1) hour of CE regarding administration of immunizations? (ACPE or CME category 1)  Yes  No
5. Do you dispense contraceptives via Pharmacy Access Protocol? If you answered “Yes”, you are required to have no less than one (1) hour of CE related to hormonal contraceptives. (ACPE or CME category 1)  Yes  No
6. Do you have one (1) hour of CE related to hormonal contraceptives? (ACPE or CME category 1)  Yes  No
7. Do you have one (1) hour of CE related to monitoring of controlled substances?  Yes  No

**PERSONAL HISTORY QUESTIONS**

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

1. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice pharmacy in a competent, ethical and professional manner?  Yes  No
2. Since your last renewal (or if this is your first renewal since your initial license application), have you had a professional license revoked, suspended, reprimanded, restricted, placed on probation or have you otherwise been disciplined by any professional or occupational licensing board or entity, or have you voluntarily surrendered a professional license?  Yes  No
3. Have you ever voluntarily surrendered your license, controlled substance registration, or DEA registration?  Yes  No

4. Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or nolo contendere for any federal, state or local law (you may exclude minor traffic violations and/or expunged violations)?  Yes  No
5. Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States?  Yes  No

**ATTESTATION**

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

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.