



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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STATE-CERTIFIED PHARMACY TECHNICIAN APPLICATION REQUIREMENTS AND INSTRUCTIONS

Pharmacy technicians may be certified by the South Carolina Board of Pharmacy with the following qualifications pursuant to South Carolina Code Ann. Section 40-43-82(B):

1. Earned a high school diploma or equivalent;
2. Worked at least 1,000 (one thousand) hours under the supervision of a licensed pharmacist as a registered pharmacy technician;
3. Completed a Board-approved formal academic pharmacy technician training program with a certificate, diploma, or higher degree;
4. Pass an approved national pharmacy technician certification exam; and maintain current national certification

EDUCATION

Approved Pharmacy Technician Training Programs are accredited by the American Society of Health-System Pharmacists or recognized by the Pharmacy Technician Certification Board (PTCB). If you are unable to verify the training program through one of these agencies, you may provide additional information that indicates the program you completed includes the minimum criteria outlined in SC Code Ann. Section 40-43-82(D) for review by the Board. Otherwise, you may not qualify to become a state certified pharmacy technician in South Carolina.

NATIONAL CERTIFICATION

The Board currently recognizes certification through passing the national exam administered by the Pharmacy Technician Certification Board (PTCB) or the ExCPT exam administered by the National Healthcareer Association (NHA). Once achieved, the national certification must be maintained to remain eligible for state certification.

PRACTICAL EXPERIENCE

You must have worked at least 1,000 (one thousand) hours as a pharmacy technician under the supervision of a licensed pharmacist. These hours must be submitted on the [Pharmacy Technician Affidavit of Experience form](#) and certified by the licensed pharmacist(s) who supervised your work. A separate form is required for each employment with certification by the supervising pharmacist at each employment.

A maximum of 400 (four hundred) hours of practical experience completed during the formal academic pharmacy technician training, certified by the program director upon completion of the program, may be credited towards the total requirements. The program director must complete the [Pharmacy Technician Certification of Clinical Experience form](#).

NABP E-PROFILE ID

You must have a NABP e-profile ID for the NABP CPE Monitor Service with NABP (National Association of Board of Pharmacy). The e-profile ID will be used to conduct CE audits. To create an e-profile ID, go to www.nabp.pharmacy. Click on "e-Profile Login", select "Individual or Business Customer", then click on "Create Login/Change Email" and follow the instructions on how to create the NABP-e-Profile.

OTHER INFORMATION

State-certification registrations will be issued upon successful completion of all application requirements. If your application for certification is approved before April 1, you are required to renew your license before June 30.

- There are no exceptions to the application procedures and there are no temporary licenses.
- If you have questions concerning these application requirements, please contact the Board office in Columbia at (803) 896-4700 or visit our website at <https://llr.sc.gov/bop/> or the NABP website at <https://nabp.pharmacy/>.

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, required documents, etc. All fees are non-refundable.



STATE CERTIFIED PHARMACY TECHNICIAN REGISTRATION APPLICATION

You must be a Registered SC Pharmacy Technician before applying to become a State Certified Pharmacy Technician.

Include with your application:

- Pharmacy Technician Affidavit of Experience Form documenting 1,000 hours of practice in pharmacy under licensed pharmacist
 - Pharmacy Technician Certification of Clinical Experience Form, if applicable.
- Copy of high school diploma, final transcript, or General Equivalency Diploma (GED)
- Copy of Pharmacy Technician Training Program Certificate, Diploma or other similar training completion documentation.
- Copy of current PTCB certificate or National Healthcareer Association (NHA) ExCPT certificate
- Legal name change documentation, if applicable

If your application is approved before April 1st, you are required to renew your registration by June 30th.

APPLICANT INFORMATION

Active SC Pharmacy Technician Registration Number: _____

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Since you initially registered as a S.C. Pharmacy Technician, have you had a legal name change that has not been disclosed? Yes No

Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

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

Phone No.: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

For statistical purposes only: Race: _____ Gender: Female Male

EMPLOYMENT INFORMATION

Provide pharmacy information if you are currently employed.

Business Name: _____

SC Permit No.: _____ Phone: _____

Business Address: _____

EDUCATION

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Name of School/Training Program: _____

Date completed: _____

- 1. Did you complete up to 400 practical training hours through the pharmacy technician degree program? Yes No
If yes, include the Pharmacy Technician Certification of Clinical Experience Form.

NATIONAL CERTIFICATION

Organization for National Certification (select one): PTCB NHA ExCPT

Certification No: _____ Certification Expiration Date: _____

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

Provide any prior or out-of-state license, certificate or registration information related to the practice of pharmacy. Attach an additional sheet if needed.

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

State: _____ Date licensed: _____ License No.: _____ Status: _____
(Active, Lapsed, etc.)

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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. 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

DISCIPLINE HISTORY QUESTIONS

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 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, fined, or entered in a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)? Yes No

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

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

ATTESTATION

I hereby certify that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for denial or revocation of my registration.

Signature of Applicant

Print Name of Applicant

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.