



INSTRUCTIONS FOR PHARMACY TECHNICIAN REGISTRATION **(Keep this page for your records)**

To become a Pharmacy Technician, you must complete the Pharmacy Technician Registration Application, Affidavit of Eligibility Form and submit a copy of your driver's license or DMV picture ID.

Examination

A person applying to become a registered Pharmacy Technician **is not required** to take an examination to become a registered Pharmacy Technician.

Employment

After you have received your registration and begin employment, you **must** notify the Board in writing of your employment or submit the Change of Employment form whenever you begin or change employment. The form is available on the Board of Pharmacy website: www.llr.sc.gov/pol/pharmacy.

Continuing Education SECTION 40-43-130-(G)(1)(4)

In order to renew your registration each year, you must complete ten hours of continuing education. Four (4) of those hours must be live. All CE hours must be completed before you actually renew the registration.

List of available web sites for CE (Continuing Education) credits

www.rxschool.com www.scrx.org www.techlectures.com www.cedrugstorenews.com

www.powerpak.com www.freece.com www.continuingeducation.com/pharmtech

Only ACPE courses are accepted. To determine if a course is L (live) or H (home), the ACPE UPN# will look like this example:

430-000-09-021-H01 or 430-000-09-021-L01

Valid Pharmacy Technician Registration SECTION 40-43-82-(2)(3)

Registrations are valid from July 1 through June 30th each year.



FOR BOARD USE ONLY	
Reg#	
Check #	
Issued:	
Amount Paid	

PHARMACY TECHNICIAN REGISTRATION APPLICATION

All information requested on this application is mandatory. Failure to provide any requested information will result in the application being returned as incomplete. Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provision of federal and state law.

Full Name: _____
Last First Middle

Address: _____
(Including Street & Apartment Numbers)

City County State Zip Code

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Date of Birth: ____/____/____

Email: _____ Place of Birth: _____
City State

Social Security Number ____/____/____

Race: (for statistical purposes only)

American Indian African American Caucasian Hispanic Oriental/Asian Other

Marital Status: Single Married Widowed Divorced Sex: Female Male

(1) In the last five years, have you ever been treated for any condition, be it physical, mental, or emotional that could impair your ability to serve as a pharmacy technician? _____ *YES _____ NO

If your answer is "Yes", attach a full written explanation and include documents from your Physician. Information of a highly personal nature will be protected under The Freedom of Information Act.

(2) Have you ever been convicted of any criminal or civil charges (other than a minor traffic ticket)? Is there any legal action pending against you or are you currently on probation for any charges or legal action? _____ *YES _____ NO

If your answer is "Yes", attach a full written explanation and include certified copies of any pertinent legal and/or court documents. Information of a highly personal nature will be protected under The Freedom of Information Act.

(3) Have you ever held a pharmacist license, pharmacy technician registration or intern certificate? _____ *YES _____ NO

If so, has the license/registration/certificate ever been disciplined? _____ *YES _____ NO

High School Graduate? Yes No

Received GED? Yes No

Graduate of Pharmacy Technician Program? Yes No

On the Job Training as a Pharmacy Technician? Yes No

Are you Nationally Certified as a Pharmacy Technician? Yes No

How many years of experience do you have as a pharmacy technician? _____

IMPORTANT

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.

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 of registration.

I UNDERSTAND THAT I MUST COMPLETE 10 HOURS OF CONTINUING EDUCATION COURSES (4 LIVE, 6 HOME STUDY OR ALL LIVE) BEFORE RENEWING MY REGISTRATION EACH YEAR.

Signature of Applicant

Date

IF YOU ARE COMPLETING THIS REGISTRATON FORM BEFORE APRIL 1st, YOU ARE REQUIRED TO RENEW YOUR REGISTRATION BY JUNE 30TH. BE ADVISED THAT YOU MUST COMPLETE THE 10 (4 LIVE AND 6 HOME) CONTINUING EDUCATION HOURS BEFORE RENEWING YOUR PHARMACY TECHNICIAN REGISTRATION.

Enclose with application:

- Non-Refundable \$40.00 Fee Check or Money Order payable to SC Board of Pharmacy.**
- Copy of Driver's License or DMV picture ID**
- Copy of Social Security Card**

**Mail to: S.C. Board of Pharmacy
P O Box 11927
Columbia, SC 29211-1927**

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.

EMPLOYMENT - After you have received your registration and begin employment, you must notify the Board in writing or by submitting the Change of Employment form whenever you begin or change employment. The form is available on the Board of Pharmacy website: www.llronline.com/pol/pharmacy.

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

- 1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
- 2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
- 3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- Any valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card? Number _____; Date of Expiration: _____
- Any valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit? State: _____; Number _____; Date of Expiration: _____.
- Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____/_____/_____

(A copy of the verifiable document must be attached to the Affidavit of Eligibility)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and 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

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The 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.