



## SOUTH DAKOTA BOARD OF PHARMACY

4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106

p - 605.362.2737 f - 605.362.2738 www.pharmacy.sd.gov

### Pharmacist Annual Renewal Application - LICENSE # \_\_\_\_\_

#### Pharmacist

_____ Last Name	_____ First	_____ Middle	_____ Maiden	
_____ Mailing Address	_____ City	_____ State	_____ Zip	_____ County
_____ Email	_____ Cell Phone #	_____ Home Phone #		
_____ Date of Birth (mm / dd / yyyy)	_____ Social Security # (Last 4-digits)	_____ Sex (M / F)		

#### Information for SD Board of Pharmacy Database

Employment Status (check)  Full-time  Part-time  Temporary/PRN  Working in other field  Retired/Not working

#### Primary Employer

_____ Employer Name	_____ Pharmacy License #		
_____ Employer Address	_____ City	_____ State	_____ Zip
_____ Pharmacist's Work Email	_____ Work Phone #	_____ Work Fax #	
_____ Pharmacist's Job Title	_____ Average Hours Worked / Week		
Type of Practice (check) <input type="checkbox"/> Retail-Chain <input type="checkbox"/> Hospital <input type="checkbox"/> Mail Order <input type="checkbox"/> Industry <input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Retail-Independent <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Other		

#### Secondary Employer (if applicable)

_____ Employer Name	_____ Pharmacy License #		
_____ Employer Address	_____ City	_____ State	_____ Zip
_____ Pharmacist's Work Email	_____ Work Phone #	_____ Work Fax #	
_____ Pharmacist's Job Title	_____ Average Hours Worked / Week		
Type of Practice (check) <input type="checkbox"/> Retail-Chain <input type="checkbox"/> Hospital <input type="checkbox"/> Mail Order <input type="checkbox"/> Industry <input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Retail-Independent <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Other		

#### FOR SD BOP USE ONLY

Received \_\_\_\_\_ Check # \_\_\_\_\_  
Amount \_\_\_\_\_ Approved \_\_\_\_\_ Issued \_\_\_\_\_

## Board of Pharmacy Data Re-Verification

Please provide the following information for record re-verification

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Name of College/University where Pharmacy Degree was obtained

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City

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State

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Zip

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Degree Held

## Record of Discipline, Charges, and Convictions

Complete questions 1-7. For each "yes" response, on a separate piece of paper, provide a detailed explanation of the event and include dates. Applicable supporting documents should be attached to the application.

1. Are there any restrictions on your pharmacist's license in any state?  Yes  No  
If yes, list states \_\_\_\_\_
2. Within the last year, has your license to practice pharmacy in any state been denied, revoked, suspended, stipulated, placed on probation, or otherwise subject to any type of pending or active disciplinary action? If yes, list states \_\_\_\_\_  Yes  No
3. Within the last year, have you been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or misdemeanor criminal offense (excluding minor traffic violations)?  Yes  No
4. Are there any *pending* felony criminal prosecutions against you?  Yes  No
5. Within the last three years, have you received treatment for abuse or misuse of alcohol and/or a chemical substance to the extent that your ability to practice pharmacy was impaired?  Yes  No
6. Within the last three years, have you experienced a physical, emotional, and/or mental condition that endangered the health or safety of persons entrusted in your care?  Yes  No
7. Do you have child support arrearages in the sum of one thousand dollars or more?  Yes  No

## Items to Submit With Application

- An renewal fee of \$125.00 (check / money order made payable to the South Dakota Board of Pharmacy)
- Include a late fee of \$25.00 for any application that will reach the Board after the September 30<sup>th</sup> renewal deadline
- Do not send cash
- Allow 10 business days from the date of application receipt for license processing

## Mail Items To

South Dakota Board of Pharmacy  
4001 W. Valhalla Blvd, Suite 106  
Sioux Falls, SD 57106

