

SOUTH DAKOTA BOARD OF PHARMACY

Technician

User Guide and Renewal Application Instructions

Valid through 8/31/2024



4001 W Valhalla Blvd, Suite 102
Sioux Falls, SD 57106
PharmacyBoard@state.sd.us
P 605.362.2737

Rev 8/2023

General Information	2
General Notes.....	3
Profile/Account Set Up.....	4
My Profile Page.....	6
Personal Information section.....	6
Registration Information page.....	6
Home Address section	6
Personal Phone, Email and Fax section	6
Document Details section	7
Payment History section	7
Renewal Details section	7
Renewal Application Starts Here	8
Online Profile Login page	8
My Profile page	8
Technician Instructions page	8
Technician Information page	9
Education page	11
Employment page	12
Record of discipline charges and convictions page	13
Application input preview page	14
Affirm and submit page	15
Print Application page.....	16
Quick Reference – How to Information	
To check license/registration status – Item #7g	7
To print your license/registration – Item #7b.....	6
To print a receipt – Item #7f	7
To set up initial online account – Item #1.....	4
To log in when account has been previously established – Item #8	8
Troubleshooting and Tips	17
I’m having trouble getting through the licensing process	17
Tips	17
Reset password.....	17

Please note: To work as a technician in South Dakota, you must:

1. Be a high school graduate or have attained a GED.
2. Be hired/employed in a South Dakota licensed pharmacy or equivalent as a pharmacy technician before you can apply for a technician registration.

General Information

1. Current/Active technicians can renew between September 1- October 31 each year.
2. **All registrations will expire October 31. There is no grace period.**
 - a. **You may not work without a current/active registration.**
3. If you forgot your technician number, go to https://sdbop.igovsolution.net/online/Lookups/Lookup_Individual.aspx
 - a. Click on Individual Verification.
 - b. License/Registration Type: Select Technician.
 - c. Verification Code: Enter information that is to the right of this box.
 - d. Last Name: Enter your last name.
 - e. Click search.
 - f. Your registration number should come up below.
4. For current South Dakota Statutes and Rules pertaining to technicians, go to <https://doh.sd.gov/news-statutes/statutes-rules/licensing-boards-statutes-rules/> , scroll down to SD Board of Pharmacy, then select the statute or administrative rule section needed.
5. Administrative Rule (ARSD 20:51:29:06) requires a technician-in-training (TT) be certified within 2 years of original registration issue date.
6. Registration fee is \$25.
 - a. All application fees are nonrefundable and nontransferable.
7. Payment method – **Mastercard, Visa, or American Express ONLY.**
 - a. If you do not have a Mastercard, Visa, or American Express, purchase a Mastercard, Visa, or American Express gift card to complete the payment for the application.
8. A sampling of applications will be audited and reviewed for accuracy.

You must complete the entire application process from start to finish in one sitting

1. Online system does not retain information entered until the application has been submitted and payment process is completed.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Information to have available prior to beginning online application process:
 - a. Have all of your personal information (DOB, SSN, education, work history).
 - b. Current employer’s pharmacy license number.
 - c. NABP e-profile number, if applicable.
 - d. Any document(s) for upload, if applicable. See next section for document information.
 - e. Certified technicians need to have a PDF of your PTCB or ExCPT certificate.
 - f. If you have attended schools or training since your last renewal, have school/training facility information, facility address, dates attended, field of study and if degree/certificate was received.
5. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**

Required Documents to be Uploaded

1. If a certified technician (CPHT), a PDF copy of your current PTCB or ExCPT certificate.
2. Explanation of felony/misdemeanor, if applicable. Needed:
 - a. Date, city, county, and state of charge(s).
 - b. An uploaded document with an explanation(s) is required.
 - i. Explanation information needed on separate sheet of paper or word document that is signed and dated with explanation of felony/misdemeanor charges.
 - ii. Copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

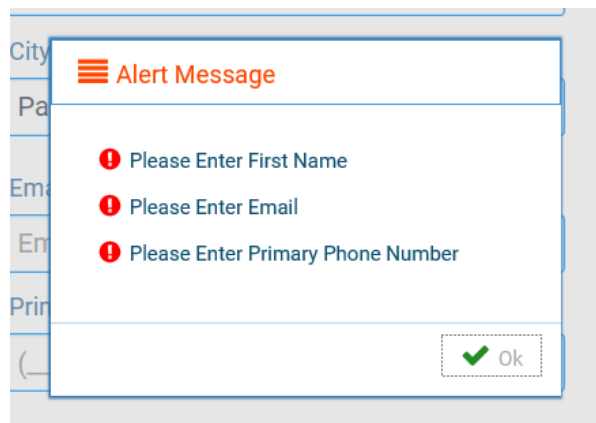
After Application Submission Information

After your application has been submitted:

1. Your registration will auto renew *unless*
 - a. Further information is needed. The applicant will be emailed if additional information is needed.
 - b. A review is required for a section of the application (i.e. discipline)
 - c. The Board will approve or deny the application, if applicable
2. After the license/registration is renewed, by logging back into your account, you will be able to do the following:
 - a. To check application status, go to item #7g on page 7.
 - b. Print technician registration, go to item #7b on page 6.
 - c. To print a payment receipt, go to item #7f on page 7.
3. In your account on the My Profile page, you can also update your personal information at any time.
 - a. Please use this platform to update your personal address, phone number, and email as changes occur.
4. Licensure status can also be verified at:
 - a. Verification page: https://sdbop.igovsolution.net/online/Lookups/Lookup_Individual.aspx

General Notes

1. Mandatory fields are marked with a red * in all screens and all those must be entered before clicking on next.
2. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
3. If mandatory fields are not entered, you will get an alert message to enter missing information.



Profile/Account Set Up

1. Click on the link below for renewal of your Technician Registration. **Please Bookmark this page.**
https://sdbop.igovsolution.net/online/User_login.aspx
 - a. **If this is the first time this registration has been renewed and have not set up an online account**, click on sign up and follow the next steps.
 - b. **If this is *not* the first time this registration has been renewed or you have already set up an online**, skip to item #8 on page 8 and enter your username and password used in a previous renewal.
2. Click on Sign up to set up account.

ONLINE BUSINESS PROFILE LOGIN


User Login

Individual Business

User Name
User Name

Password
Password

Login

 Sign up

[Forgot password](#)

- a. Check Individual box.
- b. License Type: Select “Technician” from drop down menu.
- c. License number: Enter your license/registration number.
 - i. ONLY enter the registration numbers, **no prefix** such as TT, CPhT, or GF.
- d. Date of birth: Fill in your date of birth in MM/DD/YYYY format.
- e. Click Next.

ONLINE PROFILE REGISTRATION

Registration Step 1 / 2

Individual Business

Please provide the information below.
[Click here to verify your license #.](#)

* License Type
Technician

* License Number
License Number

* Date of Birth
MM/DD/YYYY

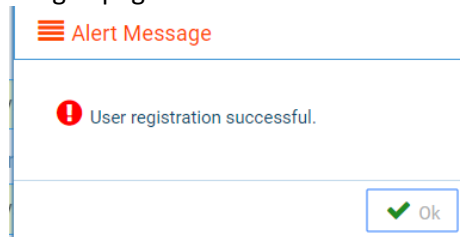
Next

[? Forgot Password](#)

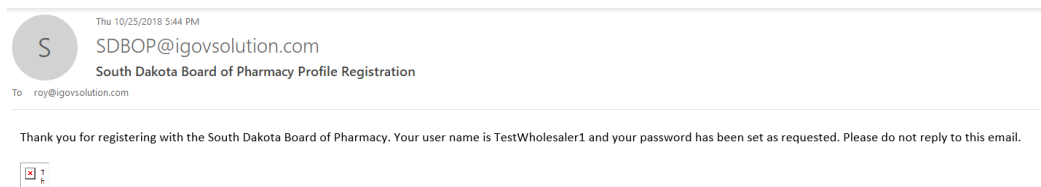
3. Complete credentials information.
 - a. **Retain this information for future reference and use.**
 - b. Email: Enter a valid email.
 - c. Confirm Email: Enter the same email as entered in item #4b.
 - d. User Name: Enter your user name.
 - e. Password: Enter a password. There is not a specified format for the password.
 - f. Confirm Password: Enter same password as used in item #4e.
 - g. Click Submit.

The screenshot shows a web form titled 'Credentials' with a progress indicator 'Step 2 / 2'. The form contains five required fields, each with an asterisk: 'Email', 'Confirm Email', 'User Name', 'Password', and 'Confirm Password'. Each field has a corresponding text input box. At the bottom of the form, there are two buttons: 'Previous' on the left and 'Submit' on the right.

4. User registration of online account is successful when this alert message appears.
 - a. Click OK, you will be returned to the log in page.



5. Once user registration is successful an e-mail will be sent to the e-mail that you provided during your registration with a message similar to below:



6. Once account is set up, you will return to the log in page or use this link:
 - a. Use the user name and password to log in at the User Login page.

The screenshot shows a 'User Login' form. At the top, there are radio buttons for 'Individual' (checked) and 'Business'. Below are input fields for 'User Name' and 'Password'. A green box highlights the 'Login' button. At the bottom, there are links for 'Sign up' and 'Forgot password'.

My Profile Page

Once logged into your online account, the My Profile page is available.

7. **My Profile page** – information to know before clicking “Renew”.

a. **Personal Information** section.

- i. This is not an editable section.
- ii. Your first name, middle name, and last name appears here.

Personal Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

b. **Registration Information** section.

- i. This is not an editable section.
- ii. License/registration information appears in this section including type of license/registration, license number, issue date, expiration date, status of license/registration, and last renewal date.
- iii. Renewal column.
 - 1. When renewal period is open, click on the blue renew to begin renewal of license/registration.
 - 2. Please refer to the renewal manual for complete instructions and all information needed.
- iv. Certificate column. **Print license/registration from this column.**
 - 1. Click on the blue print in the column to print a pdf of your license/registration.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renew	Certificate
Technician				Current/Active		Renew	Print

c. **Home Address** section.

- i. This is an editable section.
- ii. Your home address, zip code, city, state, and county appear here.

Home Address Edit

* Address	Address Line 2	Address Line 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	* Zip	* City
Select Country	<input type="text"/>	<input type="text"/>
* State	County	
<input type="text"/>	<input type="text"/>	

- iii. To update this section, click on the edit button.
 - 1. Update the necessary information.
 - 2. Once complete, click save.

d. **Personal Phone, Email and Fax** section.

- i. This is an editable section.
- ii. Your phone number, alternate phone number, email, and fax number appear here.

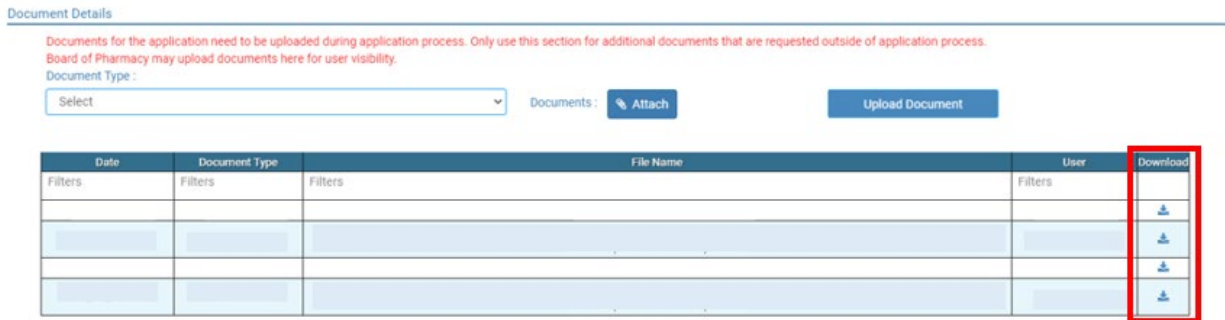
Personal Phone, Email and Fax Edit

* Phone #	Alternate Phone	* Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax		
<input type="text"/>		

- iii. To update this section, click on the edit button.
 - 1. Update the necessary information.
 - 2. Once complete, click save.

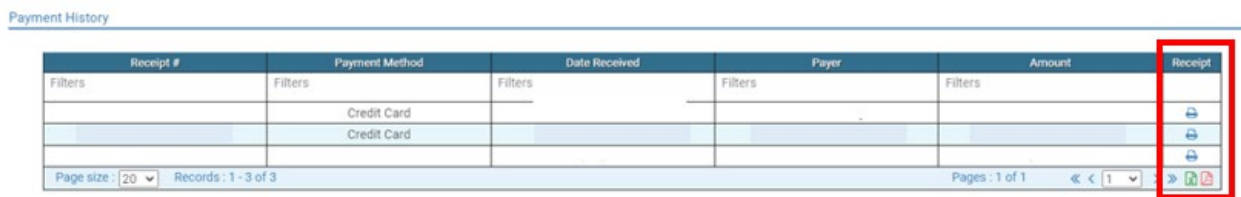
e. **Document Details** section.

- i. This section contains all the documents uploaded as part of the initial or renewal application.
- ii. This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
- iii. To upload a document:
 1. Document type: Select type of document from the drop-down list.
 2. Use the Attach to select/browse the file from the local folder.
 3. Then click on the Upload document.
- iv. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.



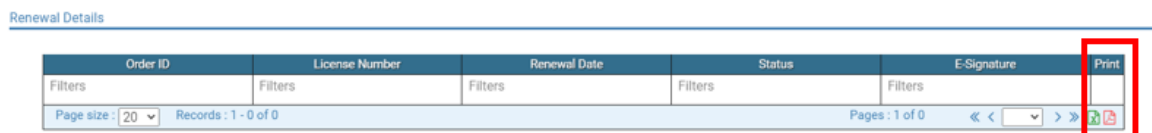
f. **Payment History** section.

- i. This section contains payments made for licensure.
 1. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
- ii. To print a receipt, click on the printer in the receipt column for the receipt needed.



g. **Renewal Details** section.

- i. This section contains status information of your renewal application.
 1. If licensure is Pending (not yet renewed) or if it has been Cleared (renewed).
 2. If it's Cleared, then in the Registration Information section the updated license/registration expiration date and last renewal date will show.
- ii. Print your online submitted Renewal form, if needed, by clicking on the printer in the print column.

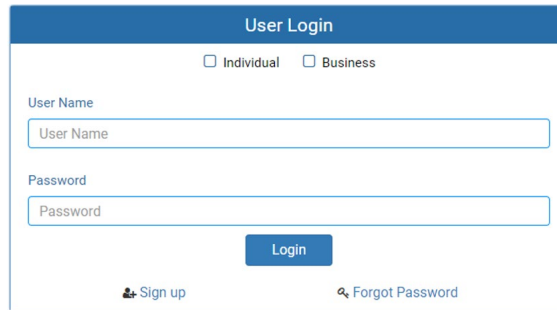


Renewal Application Starts Here

Start here if a log in (user name and password) was previously established.

8. **ONLINE PROFILE LOGIN** page.

- a. Once your account is set up, you will return to the log in page or use this link: https://sdbop.igovsolution.net/online/User_login.aspx.
- b. Individual: Click box by Individual at the top.
- c. User Name: Enter your user name.
- d. Password: Enter your password.
- e. Click Login.



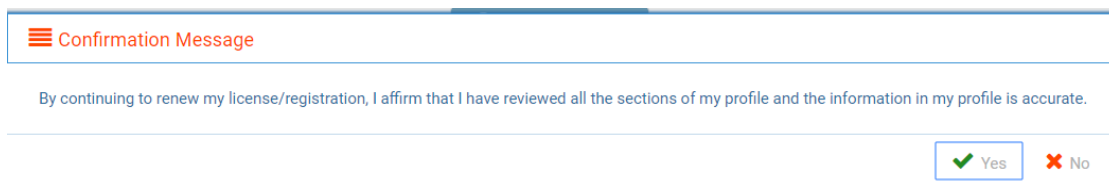
9. **MY PROFILE** page.

- a. After validating all the information in the My Profile section click on the Renew icon in the profile section under the Registration Information section.



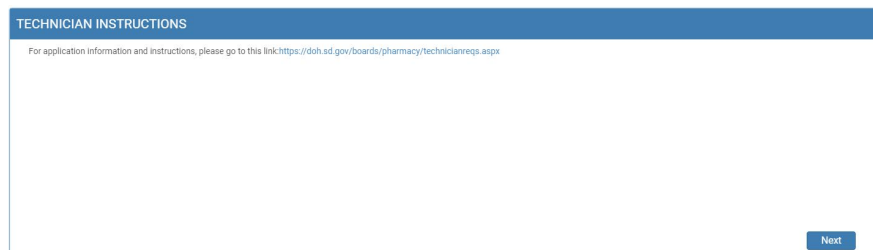
License #	Issue Date	Exp. Date	Status	Renewal Date	Renew	License
Technician			Current/Active		Renew	Print

- b. After clicking on the Renewal icon, you will get a pop-up box. Read statement then click yes on the confirmation message.



10. **TECHNICIAN INSTRUCTIONS** page.

- a. Below page will open with a link to the instructions, if needed.
- b. Click Next.



11. TECHNICIAN INFORMATION page.

1. These items will be prepopulated and are not editable: First Name, Middle Name, Last Name, Maiden Name (if applicable), Address, Zip Code, County, City, State, Email, Date of Birth, and Primary Phone.
2. Gender: Select one of the options.
3. NABP e-profile ID: Enter number, if available.
4. Type of Technician: Select type of technician by checking box in front of either Technician-in-Training (TT), Certified Technician (CPhT), Grandfathered Technician (GF), or Enrolled in pharmacy technician degree/diploma granting secondary education program (TT).
 - a. If **Technician-in-Training (TT)** is selected:
 - i. “Are you currently enrolled in a tech-in-training program (may be online or on the job training, etc.)”: Answer by clicking yes or no box.
 - ii. If answered yes,
 1. Click on Click Here to Add More. You will get a pop-up box.
 2. Enter Name of Program or Job Training Entity.
 3. Click Save when information has been entered.
 - iii. If answered no, click Next to continue.

Type Of Technician

Technician-in-training (TT)
 Certified Technician (CPhT)
 Grandfathered Technician (GF)
 Enrolled in pharmacy technician degree/diploma granting secondary education program (TT)

Are you currently enrolled in a tech-in-training program (may be academic institution, online, on the job training, etc.) Yes No

Name Of Program Or Job Training Entity [Click Here To Add More](#)

Is this training through an academic institution? Yes No

b. If **Certified Technician (CPHT)** is selected:

- i. Name of technician training program: Enter name of the technician training program.
- ii. Program City: Enter name of city of the technician training program.
- iii. Program State: Enter name of state of the technician training program.
- iv. Program Zip: Enter zip code where training program was done.
- v. Training Completion Date: Enter date training program was completed in MM/DD/YYYY format.
- vi. Certification Exam Date: Enter date certificate exam was taken in MM/DD/YYYY format.
- vii. Certification Agency Name: From drop-down menu, select either PTCB or ExCPT.
- viii. Certificate Original Issue Date: Enter date certification was initially issued in MM/DD/YYYY format.
- ix. Certificate Number: Enter in your certification number from agency you are certified with.
- x. Certificate Current Expiration Date: Enter expiration date of your certification in MM/DD/YYYY format.
- xi. PTCB or ExCPT Certification Certificate: Click on Attach Document to upload a copy of your current PTCB or ExCPT certificate.
- xii. Click Next to continue.

c. If **Grandfathered Technician (GF)** is selected:

- i. Click Next to continue.

d. If **Enrolled in pharmacy technician degree/diploma granting secondary education program (TT)** is selected:

- i. Name of Program: Click on Click Here To Add More. You will get a pop-up box.
 1. Name of Program or Job Training Entity: Enter secondary education program enrolled in.
 - a. Click Save.

2. Certification of Eligibility signed by Curriculum Training Program Coordinator: Click on Attach Document.
 - a. Upload a copy of your **completed** Certification of Eligibility form signed by curriculum training program coordinator.
- ii. Click Next.

12. **EDUCATION** page.

- a. "Have you attended schools or training since your last renewal, degree or certificate obtained.": Answer by clicking yes or no box.

EDUCATION

Have you attended schools or training beyond high school since your last renewal, Degree or Certificate Obtained? Yes No

Previous Next

i. If answered yes:

1. Schools/Training facilities: Click on Click Here to Add More. You will get a pop-up box.
2. Name of school or training facility BEYOND high school: Provide name of school/facility.
3. School/Training Address: Enter Address1, Zip Code, City, State.
4. Date attended from: Enter date started in MM/YY format.
5. Date attended to: Enter date ended in MM/YY format.
6. Field of Study: Enter field studied.
7. Degree or Certificate Obtained: Check either Yes or No box.
8. If there is more than one school or training since your last renewal, continue to click on Click Here to Add More until all schools/training facilities have been entered. Follow steps 1-7 in this section.
9. When complete, click Next to continue.

EDUCATION

Have you attended schools or training beyond high school since your last renewal, Degree or Certificate Obtained? Yes No

Schools/Training facilities [Click Here to Add More](#)

Previous Next

Schools/Training facilities

Name of school or training facility BEYOND high school

Name of school or training facility BEYOND high school

School/Training Address

Address1 Address2 Address3

School/Training Address Address2 Address3

Zip City State

Zip City State

Date attended from Date attended to Field of Study

MM/YY MM/YY Field of Study

Field of Study

Degree or Certificate Obtained Yes No

Save Cancel

10. When you save the information, it will appear on the main screen. You can delete the entry if it is incorrect or not needed as shown below:

1 Name of school or training facility BEYOND high school : Name of School Address1 : 1234 Address2 : Address3 : Zip : 57101 City : Sioux Falls State : SD

Date attended from : 01/20 Date attended to : 01/23 Field of Study : Various Degree or Certificate Obtained : No

- ii. If answered no, click Next to continue.

13. EMPLOYMENT page.

- a. "Is your employer a South Dakota licensed pharmacy?": Answer by clicking yes or no box.
 1. If answered yes:
 - i. License # of Pharmacy: Enter the South Dakota pharmacy license number (Examples: 100-0000 or 200-0000). Pharmacy information should prepopulate. If pharmacy information does not populate, Enter Employer Street Address 1, Employer Zip Code, Employer City, Employer State, Employer Work Phone.
 - ii. Technician's Work Email: Enter your work email, if available.
 - iii. Technician's Job Title: Enter your job title.
 - iv. Average Hours Worked Per Week: Enter average hours worked per week.
 - v. Employment status (check one): Check either full time, part time, temporary, or PRN box.

The screenshot shows the 'EMPLOYMENT' form with the question 'Is your employer a South Dakota licensed pharmacy?' answered 'Yes'. The form contains the following fields and options:

- Primary Pharmacy Employer Information: Yes No
- * License # of Pharmacy: [Text input]
- Employer Name: [Text input]
- Employer Street Address1, 2, 3: [Text inputs]
- Employer Zip code: [Text input]
- Employer City: [Text input]
- Employer State: [Dropdown menu]
- Work Phone: [Text input]
- Work Fax: [Text input]
- Pharmacist-in-Charge South Dakota License#: [Text input]
- Pharmacist-in-Charge Name: [Text input]
- Pharmacist-in-Charge email: [Text input]
- Technician's Work Email: [Text input]
- Technician's Job title: [Text input]
- Average Hours Worked Per Week: [Text input]
- Employment status (check one): Full time Part Time Temporary PRN
- Do you have a second employer?: Yes No

- b. If answered no:
 - i. Employer name: Enter employer name.
 - ii. Employer Street Address 1: Enter employer street address.
 - iii. Employer Zip Code: Enter employer zip code.
 - iv. Employer City: Enter employer city.
 - v. Employer State: Enter employer state.
 - vi. Work phone: Enter employer phone number.
 - vii. Technicians Work Email: Enter your work email.
 - viii. Technician's job title: Enter in your job title.
 - ix. Average Hours Worked Per Week: Enter number of hours worked on average per week.
 - x. Employment status (check one): Check either full time, part time, temporary, or PRM box.

The screenshot shows the 'EMPLOYMENT' form with the question 'Is your employer a South Dakota licensed pharmacy?' answered 'No'. The form contains the following fields and options:

- Primary Pharmacy Employer Information: Yes No
- * Employer Name: [Text input]
- * Employer Street Address1, 2, 3: [Text inputs]
- * Employer Zip code: [Text input]
- * Employer City: [Text input]
- * Employer State: [Dropdown menu]
- * Work Phone: [Text input]
- Work Fax: [Text input]
- Technician's Work Email: [Text input]
- * Technician's Job title: [Text input]
- * Average Hours Worked Per Week: [Text input]
- Employment status (check one): Full time Part Time Temporary PRN
- Do you have a second employer?: Yes No

- c. "Do you have a second employer?": Answer by clicking yes or no box.
 - i. If the answer is yes:
 - 1. Answer the question and provide the same information as in item #13a or #13b.
 - 2. Once required information has been completed, click Next to continue.
 - ii. If the answer is no:
 - 1. Click Next to continue.

14. RECORD OF DISCIPLINE, CHARGES, AND CONVICTIONS page.

- a. Answer questions #1 and #2 under Declaration of current impairment or limitations section by checking the yes or no box.
 - i. If yes is answered to either question,
 - 1. Click on Attach Document: Upload a document with an explanation(s). Explanation information needed on separate sheet of paper is a signed and dated explanation related to the question.
 - 2. Explanation box: Enter a brief description.
 - ii. If no is answered to both questions, continue to the felony or misdemeanor crimes section.

- b. Answer questions #3 and #4 under Felony or misdemeanor crimes section by checking the yes or no box.
 - i. If yes is answered to either question:
 1. Click on Attach Document: Upload document with an explanation(s) is required. Explanation information needed on separate sheet of paper is a signed and dated explanation and copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.
 2. Explanation box: Provide a brief description related to question answered.
 - ii. If no is answered, click Next to continue.

*Felony or misdemeanor crimes (ARSD 20:51:29-99)

3. Within the past 5 years, have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100)? Yes No

List from the past 5 years all charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime.

Explanation

Explanation

Note: Provide on separate sheet of paper, a signed and dated explanation and attach court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

*Disciplinary Action

4. Have you ever been disciplined or are there pending disciplinary actions against you or a registration or license by any licensing board? Yes No

Disciplinary Actions

Explanation

Explanation

15. **APPLICATION INPUT PREVIEW** page.

- a. After completing the application, you will be able to view the application by using the scroll bar to review for any errors.
- b. Correcting the information can be done by clicking on Previous buttons and correct in the appropriate screens.
- c. If everything is correct, click on Next button.

APPLICATION INPUT PREVIEW

TECHNICIAN INSTRUCTIONS

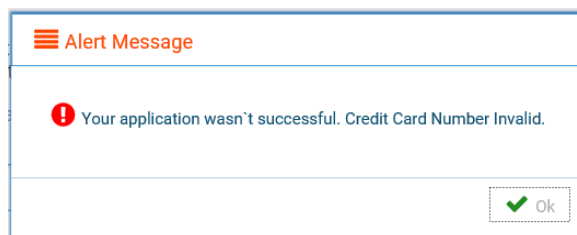
- For application information, instructions, and forms to upload, please go to this link: <https://doh.sd.gov/boards/pharmacy/technicianreqs.aspx>

TECHNICIAN INFORMATION

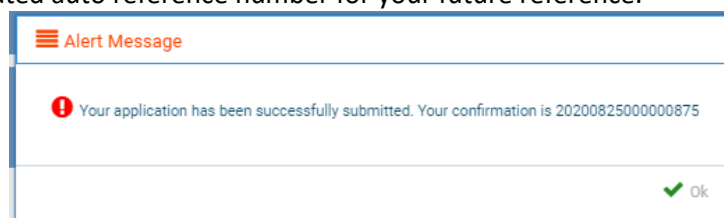
Registration Number	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Maiden Name	
<input type="text"/>	<input type="text"/>	
Mailing Address		
Address1	Address2	Address3
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip	County	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Email	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

16. AFFIRM AND SUBMIT page.

- a. Read and understand the statement at the top, then check the affirmation checkbox.
- b. E-Signature: Enter your name.
- c. Date and Fee amount will be auto populated.
- d. Debit or Credit: From drop-down menu, select debit or credit.
- e. Card Type: From drop-down menu, select type of card you are using.
 - i. **Mastercard, VISA, or American Express only accepted.**
- f. Person's Name on Card: Enter name of person that appears on the credit card.
- g. Card #: Enter Mastercard, Visa, or American Express credit card number.
- h. Expiration date: Enter card expiration date in MM/YY format.
- i. Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.
- j. Once confident that the application is complete, click on submit.
- k. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**
- l. You will get confirmation number if successful.
- m. You **must** click on the affirmation checkbox to the attestation information, enter your credit card information and click on Submit button to complete the application.
- n. If you entered any *invalid* information, you will see a message indicating that your card was invalid.



- o. Click on Ok and re-enter the correct information and click on submit to complete the application.
- p. Once successfully submitted, you will get a system generated auto reference number, if needed, you can note down that system generated auto reference number for your future reference.



17. **PRINT APPLICATION** page.

Helpful hint: Click on My Profile to return to page where you can print your license/registration – see item #7b on page 6.

- a. When application has been submitted, the application can be printed by clicking on the printer button on the Print Application line.
- b. By clicking on My Profile in the upper right corner, you will return you to your My Profile page as described in beginning with item #7 on page 6.

South Dakota Board of Pharmacy

TECHNICIAN FOR LICENSING RENEW

My Profile

Print Application

South Dakota Board of Pharmacy

TECHNICIAN FOR LICENSING RENEW

TECHNICIAN INSTRUCTIONS

- For application information, instructions, and forms to upload, please go to this link: <https://doh.sd.gov/boards/pharmacy/technicianreq.aspx>

TECHNICIAN INFORMATION

Registration Number	First Name	Middle Name
4065	JAMES	N
Last Name	Maiden Name	
LOWE		

Please note that after you click the Submit button, you cannot make changes to your application.

TROUBLE SHOOTING AND OTHER TIPS

I'm having trouble getting through the licensing process.

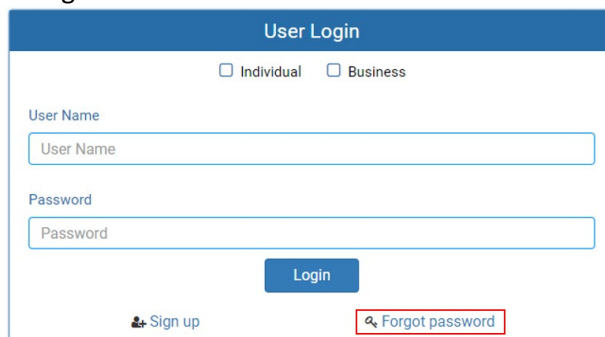
1. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Be sure your pop-up blocker is turned off.
5. Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

Tips

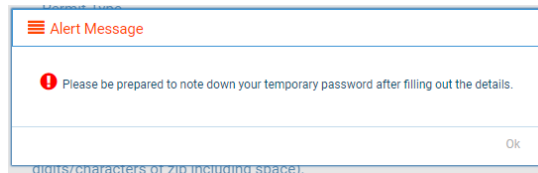
1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
3. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**
4. At the top of your licensure documentation, if it includes "This is a Primary Source Verification" – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #7b on page 11 to see how to print your license/registration.
5. In your account on the My Profile page, you can also update your personal information at any time.
 - a. Please use this platform to update your personal address, phone number, and email as changes occur.

Reset Password

1. At the **User Login** page, click on Forgot Password.



2. You will get a pop-up alert message.
 - a. **PLEASE NOTE THIS:** Please be prepared to write down your temporary password after filling out the details.
 - b. Click OK.



3. **Password Recovery Page**

- a. Select Individual at the top.
- b. License type: Select Intern from the drop-down menu.
- c. License number: Enter your license number.
 - i. **ONLY** enter the registration numbers, **no prefix** such as TT, CPhT, or GF.
- d. Date of Birth: Enter your date of birth in MM/DD/YYYY format.
- e. Click Next.

4. An Alert message will appear. **BE SURE TO RETAIN THIS PASSWORD.**

- a. *Helpful hint:* open a word document, then copy/paste the temporary password into the word document.
- b. Once the temporary password has been written down, Click OK.

5. Return to the **User Login** page.

- a. Select Individual at the top.
- b. User Name: Enter your User Name.
- c. Password: Input the temporary password from the Alert Message.
- d. Click Log In.

6. **Credentials** Page

- a. Old Password: Enter your temporary password from the Alert Message as the Old Password.
- b. New Password: Enter a new password.
- c. Confirm the New Password: Enter your new password.
- d. Click Submit.
- e. You will return to the log in page.
- f. Enter the User name and new password to continue.