

# SOUTH DAKOTA BOARD OF PHARMACY

**Reciprocating Pharmacist**

**User Guide and  
New Application Instructions**



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

Rev 07.23

# Reciprocating Pharmacist New Application

<b>General Information</b> .....	<b>2</b>
<b>General Notes</b> .....	<b>4</b>
<b>Application Process starts here</b> .....	<b>4</b>
New Pharmacist Instructions page .....	4
Type of Application page .....	5
Pharmacist Information page .....	6
Authorization to Administer Immunizations page.....	6
Attachments page .....	7
Application Input Preview page .....	7
Affirm and Submit page .....	8
Print Application page .....	9
<b>After license has been issued</b> .....	<b>10</b>
Account Set Up.....	10
My Profile Page.....	12
Personal Information.....	12
Registration Information .....	12
Home Address .....	13
Personal Phone, Email, Fax.....	13
Document Details .....	13
Payment History .....	14
Renewal Details .....	14
<b>Quick Reference – How to information</b>	
To print your license – Item 7b.....	12
To print a payment receipt – Item 7f .....	14
<b>Troubleshooting and Tips</b> .....	<b>15</b>
I’m having trouble getting through the licensing process .....	15
Tips.....	15
Reset Password .....	15

## General Information

---

### Reciprocating Pharmacist New Application General Information

1. Payment method – **Mastercard, Visa, or American Express ONLY**. 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.
2. For current Statutes and Rules pertaining to pharmacists, go to <https://doh.sd.gov/news-statutes/statutes-rules/licensing-boards-statutes-rules/>, scroll down to SD Board of Pharmacy, then select SDCL 36-11 – Pharmacies & Pharmacists.
3. Fee for Reciprocating Pharmacist is \$150 plus an initial license fee of \$35. Total fee of \$185.
  - a. If you or your spouse are currently a deployed active military member, there is no fee.
4. Background check information will be mailed to you after application is received in the Board's e-licensing portal.

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

1. Online system does not retain any information entered until the application has been submitted and payment process is completed.
2. Prior to starting the online process:
  - a. Have all your personal information available (DOB, SSN, NABP e-profile #).
  - b. Review section below titled, 'Required information and documents needed for upload', for other information needed.

### Registration Steps

1. Applicant completes the "Application for Licensure as a Pharmacist in South Dakota" on the South Dakota Board of Pharmacy's e-licensing platform.
  - a. *This step must be completed before the Board of Pharmacy can approve an applicant to take the MPJE.*
2. Complete the NAPB application for license transfer (e-LTP). This application **MUST** be completed prior to reciprocal licensure in South Dakota. NAPB Licensure transfer link: <https://nabp.pharmacy/programs/licensure-transfer/>
3. Applicant registers on the NABP website (<https://NABP.pharmacy>) for permission to take the Multistate Pharmacy Jurisprudence Exam (MPJE) South Dakota Edition.
  - a. Once the SD Board of Pharmacy grants eligibility, the applicant then purchases the exam through NABP.
  - b. Once purchased, the ATT code to take the test will be emailed to you from Pearson Vue.
  - c. Passing grade for the exam is a total scaled score of not less than 75.

### Support Materials

1. Visit the NABP website for NAPLEX/MPJE Registration Bulletin for instructions and administration policies.
2. Visit the SD BOP website for MPJE study materials (PDF of South Dakota Law Book).

### Required information and documents needed for upload

1. A passport quality color photo of head or head/shoulder.

### Authorization to Administer Immunization

#### Required documents needed for upload

1. Certificate of Completion of Approved Training Program for Administration of Immunizations (20-hour course) which includes:
  - a. Basic immunology and the human immune response.
  - b. Mechanics of immunity, adverse effects, dose, and administration of an immunization.
  - c. Administration of intramuscular injections.
  - d. Record keeping and reporting requirements as set forth by § 20:51:28:05.
2. Copy of Certificate of Completion of Current Cardio-Pulmonary Resuscitations Training along with the date acquired and expiration.

## After Application Submission Information

*After your application has been submitted, the Board will:*

1. Review the application.
2. Background check information will be mailed to you.
3. Email applicant if additional information is needed.
4. Approve or deny the application.
5. Once the license is approved, a no-reply, automated email will be sent.

*Once a new license has been issued,*

1. Instructions to set up a profile account are at the end of the manual, beginning on page 10.
2. **Retain User ID/password** to have ability to access the licensing platform at any time and to renew the license in the future.

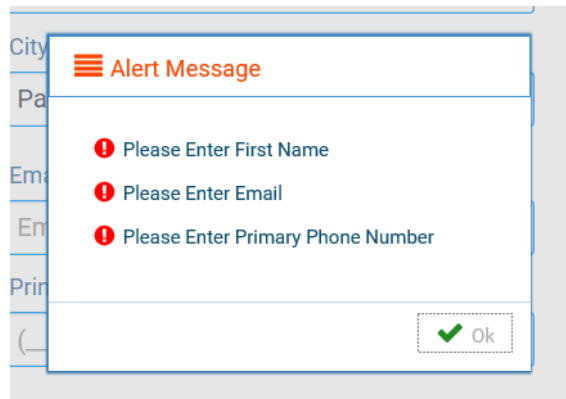
*After the license is approved/issued and the profile account is set up, you will be able to do the following:*

1. Print pharmacist license (instructions on page 12, Item 7b).
2. Print a payment receipt (instructions on page 14, Item 7f).
3. In your account on the My Profile page:
  - a. You can update your personal information at any time.
  - b. Please use this platform to update your personal address, phone number, and email as changes occur.

## General Notes

---

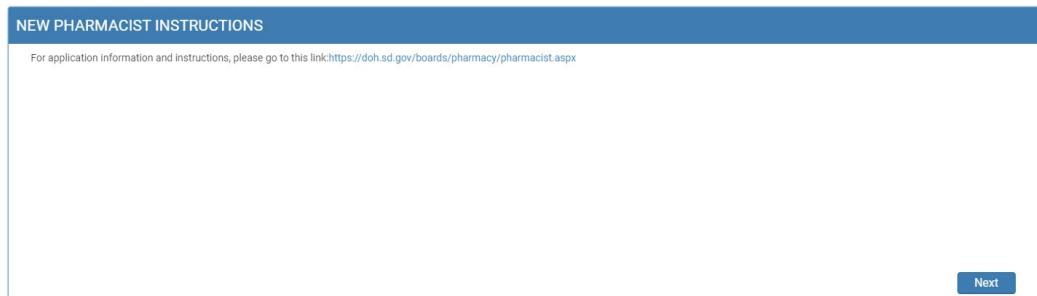
1. Mandatory fields are marked with a red \* in all screens and all those must be entered before clicking on next.
2. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
3. If mandatory fields are not entered, you will get an alert message to enter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



## Start Application Process Here

---

1. Click on: <https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=74>
  - a. **NEW PHARMACIST INSTRUCTIONS** page.
    - i. Below page will open with a link to the instructions.
  - b. Click Next to continue.



2. **TYPE OF APPLICATION** page.

- a. Select 'Pharmacist – Reciprocating'.

The screenshot shows the 'TYPE OF APPLICATION' form. At the top, there is a blue header with the text 'TYPE OF APPLICATION'. Below the header, there is a section titled '\* Select one of the following:'. There are four radio button options: 'New Pharmacist by NAPLEX Examination', 'New Pharmacist by Score Transfer', 'Pharmacist - Reciprocating' (which is selected and highlighted with a red box), and 'Pharmacist - Foreign'. Below this, there is a red text warning: 'IMPORTANT: Both the NABP application for license transfer (e-LTP) and this application MUST be completed prior to reciprocal licensure in South Dakota. NABP Licensure transfer link: https://nabp.pharmacy/programs/licensure-transfer/'. There are two questions with radio button options: 'Are you currently a deployed active duty military member?' and 'Are you currently a spouse of a deployed active duty military member?'. At the bottom left is a 'Previous' button and at the bottom right is a 'Next' button.

- b. Are you currently a deployed active duty military member? Or Are you currently a spouse of a deployed active duty military member?
- i. Select either Yes or No to both questions.
- ii. If yes is selected, Click on Attach Document to upload your or your spouse's Active Duty Orders.

This screenshot shows the same 'TYPE OF APPLICATION' form as above, but with a red box highlighting the 'Attach Document' buttons. The 'Pharmacist - Reciprocating' option is still selected. The two questions about military status are now answered with 'Yes' (indicated by a green checkmark). Below each 'Yes' answer, there is a section titled 'Active Duty Orders' with an 'Attach Document' button. At the bottom left is a 'Previous' button and at the bottom right is a 'Next' button.

- c. Click Next to continue.

3. **PHARMACIST INFORMATION** page.

- a. Complete information that has a red asterisk (\*): First name, Last name, Address1, Zip Code (if in South Dakota this should auto-fill the City, State, and County), Email, Date of Birth, Social Security Number, and Primary Phone.
- i. If your address is out of state and the City, State, and County does not autofill, please enter this information.
- b. Gender: select one of the options.
- c. NABP e-profile #: enter your ID number.
- d. When completed, click Next.

**PHARMACIST INFORMATION**

\* First Name  Middle Name  \* Last Name

Maiden Name

**Mailing Address**

\* Address1  Address2  Address3

\* Zip  \* City  \* State

\* County  \* Email  \* Date of Birth

\* Social Security Number  \* Primary Phone Number  Alternate Phone Number

\* Gender  
 Male  Female

\* NABP e-profile #

4. **AUTHORIZATION TO ADMINISTER IMMUNIZATIONS** page.

- a. Answer “Will you be administering immunizations” by clicking yes or no.
  - i. If no is selected, click Next to go to next page.
  - ii. If yes is selected:
    - 1. Click on Attach Document to upload a copy of the Certificate of Completion of Approved Training Program for Administration of Immunizations. This certificate is the 20-hour immunization delivery course (NOT continuing education).
    - 2. Click on Attach Document to upload a copy of certificate of completion of current cardio-pulmonary resuscitations training that includes the date acquired and the expiration.

**AUTHORIZATION TO ADMINISTER IMMUNIZATIONS**

Will you be administering immunizations?  Yes  No

Provide a copy of the Certificate Completion of Approved Training Program for Administration of Immunizations

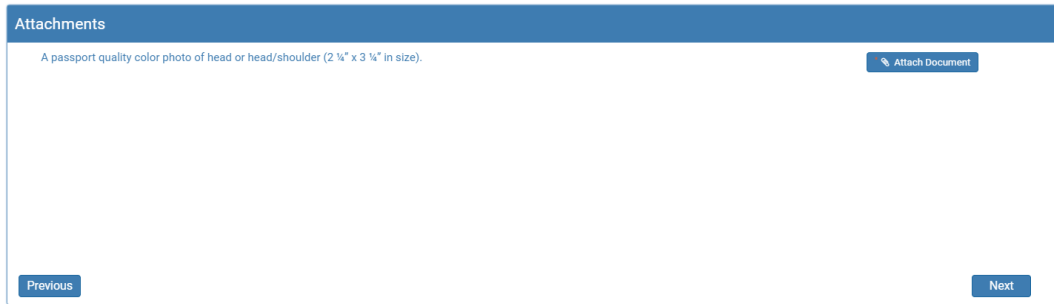
*This certificate is the 20-hour immunization delivery course (NOT continuing education)*

Provide a copy of certificate completion of current cardio-pulmonary resuscitations training that includes the date acquired and the expiration

- b. Once documents have been attached, click Next.

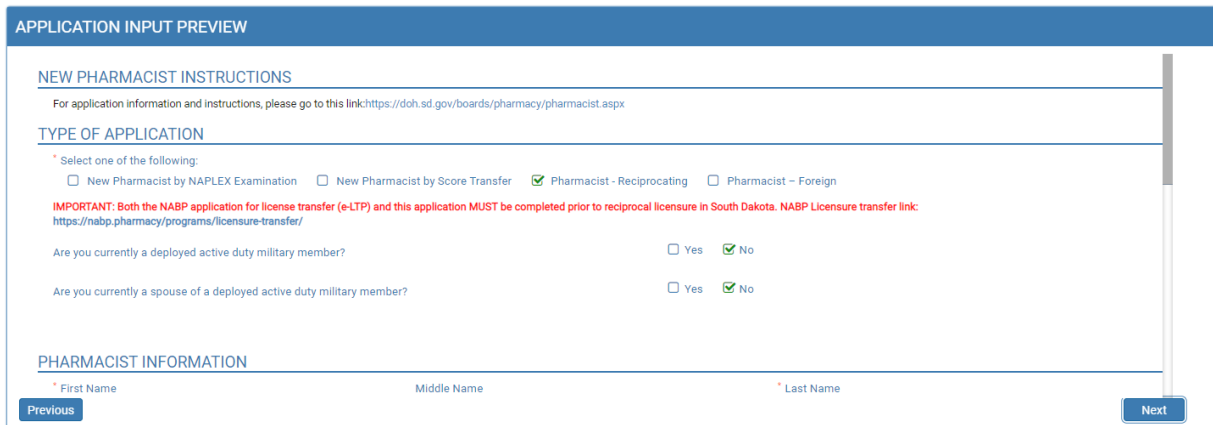
**5. ATTACHMENTS** page.

- a. Upload a passport quality color photo of head or head/shoulder (2 ¼” x 3 ¼” in size).
  - i. Click on Attach Document to upload photo.
- b. Click Next.



**6. APPLICATION INPUT PREVIEW** page.

- a. Review your information that has been input.
  - i. If there are any changes needed, click on previous to correct any information.
  - ii. If there are no changes, click Next.





7. **AFFIRM AND SUBMIT** page.

**Note: Deployed active military member or spouse, please go to item 7b.**

- a. Read and understand the statement then click the box in front of the statement.

**AFFIRM AND SUBMIT**

I the undersigned being duly sworn say that I am the person referred to in the foregoing application the photograph is an image of me and declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.

E-Signature

\* Date: 07/07/2021 License Fee: \$35.00

\* Select Debit or Credit: Select Card Type: Select Card Type

\* Person's Name on Card: Person's Name on Card Card #: Card #

\* Expiration Date (MM/YY): MM/YY Security code (3-digit number or 4-digit number if American Express/Amex): Security Code

Previous Submit

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

- i. E-Signature: enter your name.
- ii. Select Debit or Credit: from drop-down menu, select type of card you are using.
- iii. Card Type (ONLY VISA, MASTERCARD, OR AMERICAN EXPRESS is accepted): from drop-down menu, select type of card you are using.
- iv. Person's Name on Card: Enter person's name on credit card.
- v. Card #: enter credit card number.
- vi. Expiration Date: enter credit card expiration date in MM/YY format.
- vii. Security Code: enter 3-digit number or 4-digit number for American Express/AMEX that is the back of the credit card.

b. **DEPLOYED ACTIVE MILITARY MEMBER OR SPOUSE OF ACTIVE DUTY MILITARY MEMBER**

- i. E-Signature: enter your name.
- ii. Once confident that the application is complete, click on Submit.
  - 1. **Note: There is no fee for this application.**

**AFFIRM AND SUBMIT**

I the undersigned being duly sworn say that I am the person referred to in the foregoing application the photograph is an image of me and declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.

E-Signature of the person filing out this renewal (type in full name)

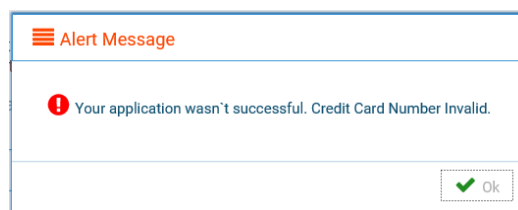
E-Signature

\* Date: 07/19/2021 License Fee: \$0.00

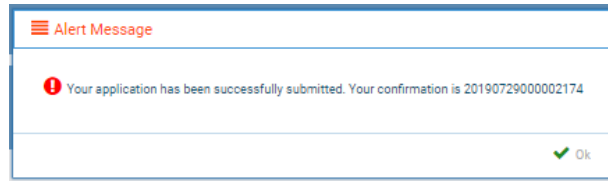
Previous Submit

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

- c. Once confident that the application is complete, click on Submit.
- d. **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.**
- e. If you entered any invalid credit card information, a message indicating that your card was invalid will pop up.
  - i. Click on Ok and reenter the correct information and click on Submit to complete the application.

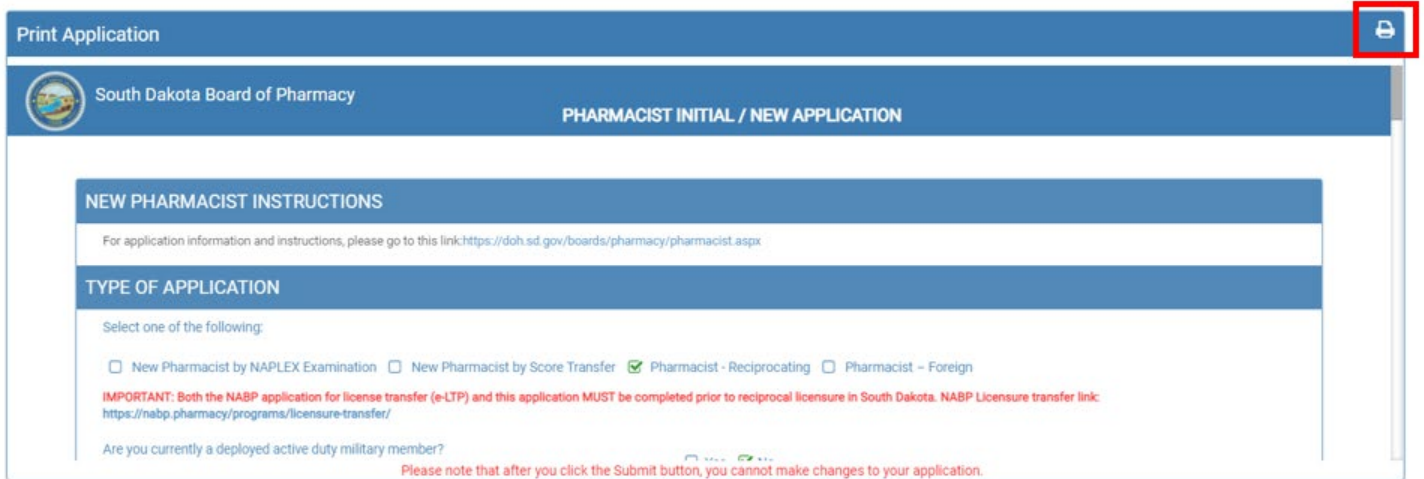


- f. If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.



**8. PRINT APPLICATION** page.

- a. Print out application for your records by clicking on the print button in the upper right corner.



# AFTER LICENSE HAS BEEN ISSUED HOW TO SETUP YOUR ONLINE PROFILE, PRINT YOUR LICENSE, PRINT A RECEIPT, OR UPDATE PERSONAL INFORMATION

## Account Set Up

To set up an account and be able to print your license, follow these instructions:

1. Verify your license number at this link: [https://sdbop.igovsolution.net/online/Lookups/Lookup\\_Individual.aspx](https://sdbop.igovsolution.net/online/Lookups/Lookup_Individual.aspx)
  - a. License/Registration Type: select pharmacist.
  - b. Verification code: enter the code to the right of this box.
  - c. Last Name: Enter your last name.
  - d. Click search.
  - e. License/Registration Search: if the license has been issued, results will appear at the bottom of the page in this section.
    - i. Under the print column, click on the print icon to print a copy of the verification.
  - f. **Retain license number to set up online Profile.**

The screenshot shows the 'Individual Verification' page. At the top, there is a red warning message: '(License Type is Mandatory. Either License/Registration Number or Last Name is Mandatory. Please click on the Print option to view the license/registration details.)'. Below this, there are input fields for 'License/Registration Type' (set to 'Pharmacists'), 'Verification Code' (with a sample code '593DC3'), 'License/Registration Number', 'Last Name', and 'First Name'. There are 'Search' and 'Clear' buttons. Below the search fields is a 'License/Registration Search' table. The table has columns: Name, License/Registration #, License/Registration Type, Status, Original Issue Date, Expiration Date, Last Renewal Date, City, State, Discipline, and Print. A single row is visible with 'Pharmacists' as the License/Registration Type and 'Current/Active' as the Status. The 'Print' column contains a printer icon. The page size is set to 20, and it is page 1 of 1.

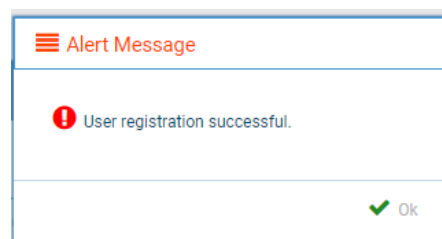
2. **User Login** page.
  - a. After confirming your license/registration number, begin setting up your account by clicking on this link: [https://sdbop.igovsolution.net/online/User\\_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx)
  - b. Click on Sign up as shown below:

The screenshot shows the 'ONLINE BUSINESS PROFILE LOGIN' page. The title is 'User Login'. There are two radio buttons: 'Individual' (checked) and 'Business'. Below are input fields for 'User Name' and 'Password'. There is a 'Login' button. At the bottom left, there is a 'Sign up' button with a printer icon, which is highlighted with a red box. At the bottom right, there is a 'Forgot password' link.

3. **Registration page.**
  - a. Click on Individual at the top.
  - b. License Type: select pharmacist from drop-down menu.
  - c. License number: Put in your license number from the verification done in item #1.
    - i. Use format of R-####
  - d. Date of Birth: enter your date of birth in the format of MM/DD/YYYY.
  - e. Click Next.

4. **Credentials page.** Complete this information.
  - a. **Retain this information for future reference and use – this information will be used to renew your license.**
  - 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.

5. Registration is successful when this alert message appears.
  - a. Click OK.
  - b. You will be returned to the log in page.



6. **ONLINE PROFILE LOGIN** page.

- a. Once account is set up, you will return to the log in page or use this link:  
[https://sdbop.igovsolution.net/online/User\\_login.aspx](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.

User Login

Individual  Business

User Name  
User Name

Password  
Password

Login

[Sign up](#) [Forgot Password](#)

## My Profile Page

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

7. **MY PROFILE** page.

- 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.
    - 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	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew	Print
Pharmacists	.....	.....	.....	Current/Active	.....		

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

Country  \* Zip  \* City

\* State  County

- 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

Fax

- 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.

Document Details

Documents for the application need to be uploaded during application process. Only use this section for additional documents that are requested outside of application process.  
Board of Pharmacy may upload documents here for user visibility.



Document Type:  Documents:

Date	Document Type	File Name	User	Download
Filters	Filters	Filters	Filters	

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.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
	Credit Card				
	Credit Card				

Page size: 20 Records: 1 - 3 of 3 Pages: 1 of 1

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 grid will show the updated license expiration date, Last renewal date.
- ii. Print your online submitted Renewal form, if needed, by clicking on the printer in the print column.

Renewal Details

Order ID	License Number	Renewal Date	Status	E-Signature	Print
Filters	Filters	Filters	Filters	Filters	

Page size: 20 Records: 1 - 0 of 0 Pages: 1 of 0

## I'm having trouble getting through the licensing process.

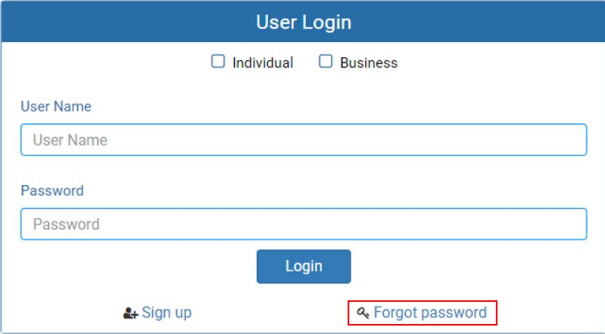
1. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Be sure your pop-up blocker is turned off.
5. Firewalls or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

## Tips

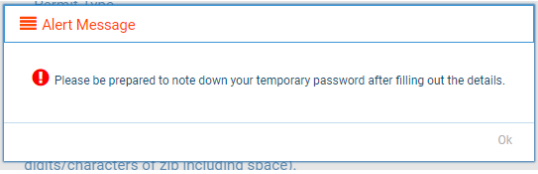
1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
3. At the top of your licensure documentation, if it includes 'This is a Primary Source Verification' – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #7b on page 11 to see how to print your license.

## Reset Password

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



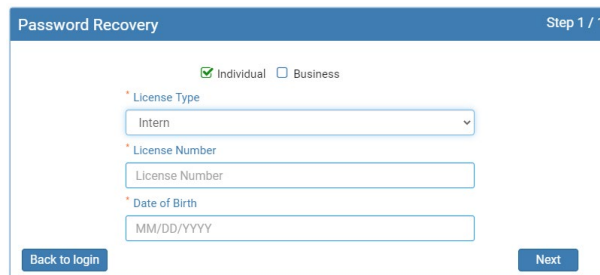
2. Upon advancing to the next page, an alert message pops up.
  - a. **PLEASE NOTE THIS:** Please be prepared to write down your temporary password after filling out the details.
  - b. Click OK.





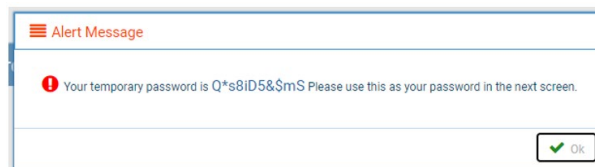
3. **Password Recovery** page.

- a. Select Individual at the top.
- b. License type: select Intern from the drop-down menu.
- c. License number: enter your license number.
- d. Date of Birth: enter your date of birth in MM/DD/YYYY format.
- e. Click Next.



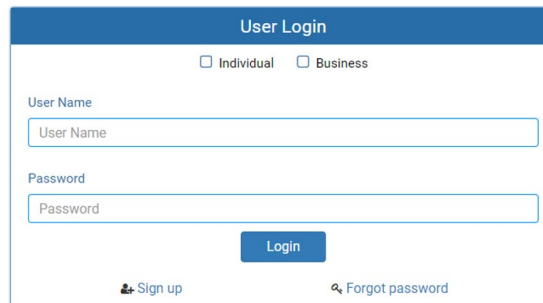
4. An Alert message will appear. **BE SURE TO RETAIN THIS PASSWORD.**

- 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.

