



## 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](http://www.pharmacy.sd.gov)

### Application for Registering as a Pharmacist in South Dakota by **NAPLEX EXAMINATION** or **SCORE TRANSFER**

#### Items to Submit to the Board

- A completed *Application for Registration as a Pharmacist in South Dakota by NAPLEX Examination or Score Transfer*.
- A \$35.00 registration fee (check / money order made payable to the South Dakota Board of Pharmacy)
- A color photo of passport size and quality with applicant's ink signature and date of photo on the back
- A list of the applicant's internship experiences – 2000 hours (260 hours must be obtained outside of the IPPE and APPE experiences)
- A certified transcript showing graduation date sent directly from a college of pharmacy approved by the American Council on Pharmaceutical Education
- A government-issued form of photo identification

#### **Registration by NAPLEX Examination**

**NAPLEX Registration** - Applicants may apply on-line for the NAPLEX examination on the NABP website [www.nabp.net](http://www.nabp.net), using the Internet-based registration form and credit card fee payment. The *Application for Registration as a Pharmacist in South Dakota* must be in the Board of Pharmacy office before you can be approved to take the NAPLEX examination.

For NAPLEX instructions and administration policies, the *NAPLEX Registration Bulletin* is available in a PDF format at NABP's web site [www.nabp.net](http://www.nabp.net). A hard-copy version is not published. The electronic Bulletin's active links allow applicants to move quickly and easily to different sections throughout the document.

#### **Registration by Score Transfer**

Applicants who take the NAPLEX in another U.S. state may transfer their scores using either the official paper-based NAPLEX Score Transfer form available at [www.nabp.net](http://www.nabp.net) or the internet-based registration. All paper score transfer forms should be submitted to NABP, 1600 Feehanville Drive, Mount Prospect, IL 60056 with the appropriate fee. Complete instructions are available in the *NAPLEX Registration Bulletin*.

Licensure by examination or score transfer must be completed within one year from the date of the NAPLEX examination.

**Jurisprudence Exam** - All applicants must also successfully complete the **Multistate Pharmacy Jurisprudence Examination (MPJE), South Dakota Edition**. Apply online at [www.nabp.net](http://www.nabp.net) to take the MPJE. Exam study materials are available online at [www.pharmacy.sd.gov](http://www.pharmacy.sd.gov) - Law Book PDF or by contacting the Board of Pharmacy office. All applicants must receive a total scaled score of not less than 75 on the NAPLEX and MPJE examinations. The *Application for Registration as a Pharmacist in South Dakota* must be in the Board of Pharmacy office before you can be approved to take the NAPLEX examination.

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### Application for Registration as a Pharmacist in South Dakota by **NAPLEX EXAMINATION** or **SCORE TRANSFER**

Last Name	First	Middle	Maiden
Permanent Mailing Address	City	State	Zip
Current Mailing Address	City	State	Zip
Email	Cell Phone #	Home Phone #	
Date of Birth (mm / dd / yyyy)	Social Security Number		
NAPLEX Score / Exam Date	MPJE Score / Exam Date (if not yet available, leave blank)		

If you are a licensed pharmacist in another state, please list the state(s) and license number(s)

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**Experience - List College-Based Clinical Program and Internships Separately - If practical experience was obtained outside South Dakota, a letter or verifying certificate from the Board of Pharmacy from that State must be submitted.**

Practical Experience Completed						
Intern Cert#	State	Pharmacy and City	List Exact Dates (day, month, year)		College-Based Clinical Program (yes or no)	Total Hours Worked
			From	To		

<b>FOR SD BOP USE ONLY</b>	Received _____	Check # _____	Amount _____
Approved _____	Issued _____		

(Revised 3.1.16)

## School Attendance

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High School Attended \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Graduation Date (dd / mm / yyyy) \_\_\_\_\_

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ACPE Accredited College of Pharmacy Attended \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Graduation Date (dd / mm / yyyy) \_\_\_\_\_

## Items to Submit with Application

- The \$35.00 certificate of registration fee (check made payable to the South Dakota Board of Pharmacy).
- A color photo of passport size and quality with applicant's ink signature and date of photo on the back.
- A certified transcript showing graduation date sent directly from a college of pharmacy approved by the American Council on Pharmaceutical Education.
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## 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 must be attached to the application.

1. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)?  Yes  No
2. Is there any pending criminal prosecution against you which would constitute a felony?  Yes  No
3. Has your license to practice pharmacy in any state been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?  Yes  No
4. Are you currently being investigated or the subject of pending disciplinary action?  Yes  No
5. Within the last three years, have you received treatment for abuse or misuse of alcohol and/or 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

## Affidavit - This section must be completed in the presence of a notary public.

I, the undersigned, being duly sworn, say that I am the person referred to in the foregoing application, 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.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

NOTARY SEAL

Signature of Notary Public \_\_\_\_\_

Notary for the State of \_\_\_\_\_ My commission expires \_\_\_\_\_