# Technician New Application

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If you have ever been employed or registered as a technician in South Dakota, **DO NOT** complete a new technician registration application.

- If you have been previously employed/registered as a technician in SD, you have an assigned technician number and must complete a technician renewal application.
- If you forgot your technician number, go to [http://doh.sd.gov/boards/pharmacy/verification.aspx](http://doh.sd.gov/boards/pharmacy/verification.aspx), Click on Individual verification. Select Technician as your License/Registration type, enter your last name, check on ‘I’m not a robot’, then click search. Your registration number should come up.

**Technician Registration needs to be completed within 30 days of start of employment at a South Dakota Pharmacy.**

**To work as a technician in South Dakota, you must:**
- Be a high school graduate or have attained a GED.
- Be hired/employed in South Dakota as a pharmacy technician before you can apply for a technician registration.

**General Information**
- Registration fee is $25.
- Payment method – **Mastercard or Visa ONLY**.
- Current/Active technicians can renew between September 1- October 31 each year.
- All registrations will expire October 31. There is no grace period. You will not be able to work without a current/active registration.
- For current South Dakota Statutes and Rules pertaining to technicians, go to [https://doh.sd.gov/boards/pharmacy/](https://doh.sd.gov/boards/pharmacy/), under Quick Links, see law book link options.
- Administrative Rule (ARSD 20:51:29:06) requires a technician-in-training be certified within 2 years of new registration issue date.
- 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**
- Online system does not retain any information entered until the application has been submitted and payment process is completed.
- Have all of your personal information (DOB, SSN, education, work history), current employer’s South Dakota pharmacy license number (example: 100-0000 or 200-0000), pharmacist-in-charge (PIC) name with South Dakota pharmacist license number, NABP e-profile number (if applicable), and document(s) for upload, if applicable, ready before beginning the online application process.
- Certified technicians need to have a PDF of your certification certificate from PTCB or ExCPT.
- If you have education beyond high school, have school/training facility information, facility address, dates attended, field of study and if degree/certificate was received.

**Required Documents to be Uploaded**
- If a certified technician, a PDF copy of your current certification certificate from either PTCB or ExCPT.
- Explanation of felony/misdemeanor, if applicable. Needed will be date, city, county and state of charge(s). An uploaded document with an explanation(s) will also be 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.
After Application Submission Information
After your application has been submitted, the Board will:
• Review the application.
• Email registrant if additional information is needed.
• Approve or deny the application.

To check if your registration has been issued, go the verification page at the link below:
• Click on Individual Verification.
• In the License/Registration Type, select technician.
• In the Last name field, put in your last name.
• Click on ‘I’m not a Robot’.
• Click on Search.
• If your registration has been issued, information will be produced at the bottom of the page. If the registration has not been issued, an alert message will appear that says, ‘no records found’.

If your registration has been issued,
• Please follow the directions beginning on page 13 of the user/instruction manual to set up an account.
• To print your registration or a receipt, follow the instructions on page 15.
• In your account on the My Profile page, you also can update your personal information at any time. 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 have to be entered before clicking on Next.
2. If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:

   ![Alert Message]

   - Please Enter First Name
   - Please Enter Email
   - Please Enter Primary Phone Number

3. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.

Start Application Process Here

1. Click on the link below for initiating a new Technician Registration. Please Bookmark this page. [https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=63](https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=63).
   
   a. The below page will open with a link to the instructions, if needed. Click Next to continue.
1. **TECHNICIAN INFORMATION Page**

1. Fill in all information that has a red asterisk (*): First name, middle 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, Primary Phone Number, Gender, and Pharmacist-in-charge license number. Also include your NABP e-profile ID number if you have one.
   a. If pharmacist is a reciprocated pharmacist, enter license number as R-1234 (R dash then 4-digit license number). If pharmacist is not a reciprocated pharmacist, only enter the 4-digit license number.

2. When completed, click Next.

   ![TECHNICIAN INFORMATION Form](image)

2. **TYPE OF TECHNICIAN Page**

1. Answer the question ‘Have you ever been registered as a pharmacy technician in any state besides South Dakota?’
   a. If yes, click on ‘Click Here to Add More’. From the drop down menu, select the state your were registered in, then click save.
   b. If you were registered in more than one state, continue to click on ‘Click Here To Add More’ until all states are listed where licensed as a technician.
2. Select type of technician by answering ‘Are you employed as a’. Select either Technician-in-Training (TT) or Certified Technician (CPhT).
   a. If Technician-in-Training is selected:
      i. Answer yes or no to the question ‘Are you currently enrolled in a tech-in-training program (may be academic institution, online, or on the job training, etc.)’.
      ii. If answered yes, click on Click Here to Add More to enter Name of Program or Job Training Entity. Click Save when information has been entered.
      iii. If answered no, click Next to continue.
   b. If Certified Technician (CPhT) is selected
      i. Fill in the name of the technician training program, zip code where training program was done (if in South Dakota, other fields will auto-fill), and the training completion date, and certification exam date.
      ii. Under the Certification Information section, select if the certifying agency was PTCB or ExCPT. Then fill in the certification original issue date, certificate number, and the certificate current expiration date. A copy of the certificate will need to be uploaded by clicking on Attach document.
      iii. Click Next to continue.

3. EDUCATION Page

   1. Answer the question yes, no, or other, ‘Are you a high school graduate, have the equivalent (GED), or have a previous Board of Pharmacy waiver.'
a. If answered yes, answer the question ‘Have you attended schools or training beyond high school’, yes or no.
   i. If answered yes, click on Click Here to Add More.
   ii. Provide the name of school or training facility BEYOND high school attended with address, zip code, city, state, dates attended, field of study and if a degree or certificate was obtained.
   iii. If there is more than one school or training beyond high school, continue to click on Click Here to Add More until all schools/training facilities have been entered.
   iv. Click Next to continue.

v. 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:

vi. If no or other was answered, provide an explanation in the explanation box. Then click Next to continue.
4. EMPLOYMENT Page

1. Answer the question, ‘Is your employer a South Dakota licensed pharmacy?’.
   a. If answered yes, enter the South Dakota pharmacy license number (Examples: 100-0000 or 200-0000). Pharmacy information should prepopulate.
      i. Enter your work email, if available, your job title, average hours worked per week, and employment status.

   ![Employment Form]

b. If answered no, fill in your employer name, address, zip code, city, state, work phone number, work email if available, job title, average hours worked per week, and employment status.

2. Answer yes or no to the question, ‘Do you have a second employer’.
   a. If the answer is yes, answer the question and provide the same information as in items #1a and 1b above. Once required information has been completed, click Next to continue.
   b. If the answer is no, click Next to continue.
5. WORK HISTORY Page

1. Provide your work history by clicking on one of the three boxes. Choices are employed at current employer(s) for last five years, has not worked in past 5 years, or list work experience with other employers for last five years.

   ![WORK HISTORY](image)

   - a. If ‘Employed at current employer(s) for last five years’ is selected, click Next to continue.
   - b. If ‘Has not worked in past 5 years’ is selected, click Next to continue.
   - c. If ‘List work experience with other employers for the last five years’ is selected, click on Click Here to Add More.
     
     i. In the pop-up box, fill in business/company name, address, zip code, city, state, job title and dates employed. Click Save.
     
     ii. If there are more than one employer to list, continue to click on Click Here to Add More until all employers from last five years have been entered, clicking on Save each time.

     ![Business/Company](image)

     iii. When you save the information, it will appear on the main screen. You can delete the entry if it is incorrect by clicking on the red trash can on the right.

   ![Business/Company](image)
6. RECORD OF DISCIPLINE, CHARGES, AND CONVICTIONS Page

1. Answer questions #1 and #2 under ‘Declaration of current impairment or limitations’ by checking the yes or no box.
   a. If yes is answered to either question, an uploaded document with an explanation(s) will also be 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.
   b. If no is answered, continue to felony or misdemeanor crimes section.

2. Answer questions #3 and #4 under ‘Felony or misdemeanor crimes’ by checking the yes or no box.
   a. If yes is answered to either question, an uploaded document with an explanation(s) will also be 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.
   b. If no is answered, click Next to continue.
7. APPLICATION INPUT PREVIEW Page

1. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.

2. Use the vertical scroll bar to review the completed application. Once review is complete, click Next to continue.

8. AFFIRM AND SUBMIT Page

1. Read and check the affirmation checkbox.
2. Sign your e-signature.
3. Date and fee amount will be auto populated.
4. Select if using card as a “Debit / Credit”. 
5. Select Card Type (Mastercard or VISA only accepted).
6. Enter name of person that appears on card.
7. Enter Mastercard or Visa card number.
8. Enter card expiration date (MM/YY format).
9. Enter card security code.
10. Click submit.
11. You will get confirmation number if successful.
12. 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.
13. If you entered any invalid information, you will see a message indicating that your card was invalid.
14. Click on Ok and re-enter the correct information and click on submit to complete the application.

15. 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.

16. After application has been successfully submitted, the application can be printed by clicking on the printer button in the upper right-hand corner.

See next page for information needed after registration is issued.
HOW TO SETUP YOUR ONLINE ACCOUNT, TO PRINT YOUR REGISTRATION, PRINT A RECEIPT, AND UPDATE PERSONAL INFORMATION

Once the registration has been issued, to set up an account and be able to print your registration, follow these instructions:

1. Verify your registration number at this link: https://sdbop.igovsolution.net/online/Lookups/Lookup_Individual.aspx.
   a. Select your type of license/registration type as technician.
   b. Input your last name, first name, click box by ‘I’m not a robot’.
   c. Click search.
   d. If the registration has been issued, results will appear at the bottom of the page.
   e. If the registration has not been issued, an alert message will appear stating no records found.

2. After confirming your registration number, begin setting up your account by clicking on this link: https://sdbop.igovsolution.net/online/User_login.aspx.
3. Click on Sign up as shown below:
4. Registration
   a. Click on Individual at the top.
   b. Select license type as technician.
   c. Put in your registration number
   d. Put in your date of birth
   e. Click Next

5. Complete credentials information.
   a. **Retain this information for future reference and use – this information will be used to renew your registration.**
   b. Click submit.

6. Registration is successful when this alert message appears. Click OK, you will be returned to the log in page.
7. Return to the log in 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
   b. Click Individual at the top.
   c. Use the User Name and Password to login in at the User Log In page.

8. To print your registration: On the My Profile Page, go to the Registration Information section in My Profile and click on the blue ‘Print’ under certificate:

9. To print a payment receipt: Go to the Payment History section in My Profile, click on the printer in the receipt column for the needed receipt:

10. To update your personal information such as address and phone number, log into your account. Go to the section needing updating – either Home Address or Personal Phone, Email and Fax. Click on the edit button in that section, make the corrections, then click save.

Note: this is the site you will use to renew your registration. Here is a link to the technician renewal information: https://doh.sd.gov/boards/pharmacy/technicianreqs.aspx
I’m having trouble getting through the licensing process.

a) Try a different browser. Example: If you’ve tried Internet Explorer, switch to Google Chrome.
b) This platform does not support the use of a mobile phone.
c) If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
d) Be sure your pop-up blocker is turned off.
e) 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 MyProfile page for a new or renewal application.
3. This platform does not support the use of a mobile phone.
4. At The top of your registration, if it includes ‘This is a Primary Source Verification’ – **NOTE: THIS IS NOT YOUR REGISTRATION.** Refer to item #1 on page 15 to see how to print your registration.