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General Information

Pharmacist Renewal 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. License renewal fee is $125.
   a. After September 30, there is a $25 late fee.
   b. If you or your spouse are currently a deployed active military member, there is no fee.
3. For current South Dakota Statutes and Rules pertaining to pharmacists, go to https://doh.sd.gov/boards/pharmacy/, under Quick Links, see law book link options.
4. All licenses will expire September 30. There is no grace period.
5. Continuing education hours will not need to be entered.
6. Renewals are subject to an audit.

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. Have all your renewal information and copies of documents for upload ready before beginning the online renewal process.
3. Information needed includes:
   a. South Dakota Pharmacist License Number
   b. Immunization documents (see below for immunization information if it is applicable.
   c. Explanation of felony/misdemeanor, if applicable.
      i. Needed will be date, city, county, and state of charge(s).
      ii. An uploaded document with an explanation(s) will also be required.
      iii. Explanation information needed on separate document: a signed and dated explanation.
      iv. Copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

For NEW Authorization to Provide Immunization to Patients: required documents needed for upload
1. Certificate of Completion of Approved Training Program for Administration of Immunizations 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.

To RENEW your Authorization to Provide Immunization to Patients
1. NOTE: Authorization to Provide Immunizations expires every year.
2. You will attest to (no documents to upload):
   a. Completed one hour of continuing education relating to immunization
   b. Are currently certified in cardiopulmonary resuscitation
   c. Upon request provide documentation of continuing education hour and current CPR certificate
3. The Board may ask for proof of this information at any time.

After Application Submission Information
1. After your application has been submitted:
   a. Your license will auto renew unless:
      i. Any regulatory question has been answered ‘yes’ or the conduct question has been answered ‘no’
      ii. A new immunization certificate was applied for.
   b. The licensee will be emailed if additional information is needed
   c. The Board will approve or deny the application
2. After the license is renewed, by logging back into your account, you will be able to do the following:
   a. To check application status, item 8g on page 7.
   b. Print pharmacist license or a payment receipt, I see item #8b on page 6.

Licensure status can also be verified at:
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 this link (Bookmark this page): https://sdbop.igovsolution.net/online/User_login.aspx
   a. If this is the first time this license has been renewed, click on sign up and follow the next steps.
   b. If this is not the first time this license has been renewed, skip to item #9 on page 8 and enter your username and password used in a previous renewal.
2. If not previously done, verify your license number at this link: 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.
      a. 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.**

![Individual Verification](image)

3. **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
   b. Click on Sign up as shown below:

![User Login](image)
4. **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.
   d. **Date of Birth**: enter your date of birth in the format of MM/DD/YYYY.
   e. Click Next.

5. **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.

6. Registration is successful when this alert message appears.
   a. Click OK.
   b. You will be returned to the log in page.
7. **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](image)

**My Profile Page**

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

8. **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](image)

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

![Home Address section](image1)

   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 section](image2)

   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.

![Payment History Table]

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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 Table]

---

**Start Renewal Application Process Here**

*Start here if a log in was previously established.*

9. **ONLINE PROFILE LOGIN** page.
   a. Use this link to log into your online account: 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]

---
10. **MY PROFILE** page.
   a. After validating all the information in the My Profile section, click on the blue Renew in the Renewal column in the registration Information section.

   ![Renewal Icon]

   b. After clicking on the Renewal icon, click on the Confirmation Message.
      i. Click Yes to continue.

11. **RENEW PHARMACIST INSTRUCTIONS** page.
    a. Below page will open with a link to the instructions.
    b. Click Next.
12. **PHARMACIST INFORMATION** page.
   a. Complete information that has a red asterisk (*).
   b. Gender: select one of the options.
   c. Enter NABP e-profile ID.
   d. 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.
   e. Click Next when complete.

![PHARMACIST INFORMATION Form]

13. **CONTINUING EDUCATION** page.
   a. Verify completion of your continuing education. Read both statements and select the statement that is correct for your renewal.
      i. First statement is for recent graduates.
      ii. Second statement applies to pharmacists who have been licensed entire past year.
   b. Click Next.

![CONTINUING EDUCATION Form]
14. AUTHORIZATION TO ADMINISTER IMMUNIZATIONS page.

*Note: immunization authorization to administer immunizations now expire every year with your pharmacist license.*

a. To **RENEW** the authorization from the South Dakota Board of Pharmacy to provide immunization to patients, please follow these directions:
   i. Answer yes to question: “Do you have authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
   ii. Answer yes to the question, “Would you like to renew your authorization from South Dakota Board of Pharmacy to provide immunization to patients? (This now expires annually with your pharmacist license).”
      1. Read and understand the statements.
      2. Then click the box in front of “I attest to have completed the following requirements to maintain authorization from the South Dakota Board of Pharmacy to immunize patients.”
   iii. Click Next.

![Authorization to Administer Immunizations](image)

b. To apply for a **NEW** authorization from the South Dakota Board of Pharmacy to provide immunization to patients, please follow these directions:
   i. Answer no to question: “Do you have authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
   ii. Answer yes to question, “Would you like to apply to obtain authorization from the South Dakota Board of Pharmacy to provide immunization to patients? (This now expires annually with your pharmacist license)”
   iii. Click on Attach Document to upload a copy of your Certificate of Completion of Approved Training Program for Administration of Influenza Immunization.
      1. This certificate is the 20-hour immunization delivery course (NOT continuing education).
   iv. Click on Attach Document to upload a copy certificate completion of current cardio-pulmonary training that includes the date acquired and the expiration.
   v. Enter the expiration date of the current CPR card
   vi. Click Next.

![Authorization to Administer Immunizations](image)
b. If you do not have authorization from the South Dakota Board of Pharmacy to provide immunization to patients and do not want to make an application for a new authorization, please follow these directions:
   i. Answer no to question: “Do you have authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
   ii. Answer no to question, “Would you like to apply to obtain authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
   iii. Click Next.
   ![Authorization Form](Image)

c. If you currently have authorization from the South Dakota Board of Pharmacy to provide immunization to patients but do not want to renew this, please follow these directions:
   i. Answer no to question: “Do you have authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
   ii. Answer no to question, “Would you like to apply to obtain authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
   iii. Click Next.
   ![Authorization Form](Image)

2. EMPLOYMENT page.
   a. Primary Pharmacy Employer Information. Answer Yes or No to question, “Are you currently employed?”
      i. If answered no, select one of the options:
         1. Retired, Unemployed, Currently not practicing, or Want to maintain license.
         2. Continue to second employer information.
   ![Employment Form](Image)
ii. If answered yes,
   1. Select one of the three options:
      a. If applicable, check this box if your employer is not a South Dakota Pharmacy.
         i. Enter Employer Name, Address1, Employer Zip Code, Employer City, Employer State, Work #, Email, Job Title, Average Hours Worked per Week, and Employment Status
      b. Below employment information is my current employer.
         i. Continue to second employer information
      c. Below employment information is NOT my current employer.
         i. Enter Employer Name, Address1, Employer Zip Code, Employer City, Employer State, Work #, Email, Job Title, Average Hours Worked per Week, and Employment Status
      ii. Continue to second employer information.

b. Answer Yes or No to question, “Do you have a second employer?”
   i. If answered no, Click Next.
   ii. If answered yes, select one of the three options:
      1. If applicable, check this box if your employer is not a South Dakota Pharmacy.
         a. Enter Employer Name, Address1, Employer Zip Code, Employer City, Employer State, Work #, Email, Job Title, Average Hours Worked per Week, and Employment Status
      2. Below employment information is my current employer.
         a. Continue to second employer information
      3. Below employment information is NOT my current employer.
         a. Enter Employer Name, Address1, Employer Zip Code, Employer City, Employer State, Work #, Email, Job Title, Average Hours Worked per Week, and Employment Status
   iii. Click Next.
3. **RECORD OF DISCIPLINE, CHARGES AND CONVICTIONS** page.
   a. Read and understand all questions before selecting a yes or no box.
      i. If yes is answered to any of the first seven questions or no to the final question, provide **required** explanations and upload **required** documents.
      ii. If yes is answered to the felony/misdemeanor question, needed will be:
          1. Date, city, county, and state of charge(s).
          2. An uploaded document with an explanation(s) is required. The explanation information is needed as a separate document should include: 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. Click Next to continue.

![Record of Discipline, Charges and Convictions](image)

4. **APPLICATION INPUT REVIEW** 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 Review](image)
5. **AFFIRM AND SUBMIT** page.

*Note: Deployed active military member or spouse, please go to item 5b.*

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

   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.
   viii. Once confident that the application is complete, click on Submit.

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

   i. Read and understand the statement then click the box in front of the statement.
   ii. E-Signature: enter your name.
   iii. Once confident that the application is complete, click on Submit.

   1. *Note: There is no fee for this application.*
c. If you entered any invalid credit card information, a message indicating that your card was invalid will pop up.
   i. Click on Ok.
   ii. Re-enter the correct information.
   iii. Click on Submit to complete the application.

![Alert Message]

Your application wasn’t successful. Credit Card Number Invalid.

![Alert Message]

Your application has been successfully submitted. Your confirmation is 201907290000022174

6. PRINT APPLICATION page.

   Helpful hint: Click on My Profile to return to page where you can print your license – see item #8b 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 #8 on page 6.
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. 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.

![Password Recovery Page](image)

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.

![Alert Message](image)

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.

![User Login Page](image)

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.