



SOUTH DAKOTA BOARD OF PHARMACY

4001 W VALHALLA BLVD, SUITE 106

SIOUX FALLS, SD 57106

Phone: (605) 362-2737

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www.pharmacy.sd.gov

Application for Reinstatement as a Pharmacist in South Dakota

Name: _____
Last
First
Middle
Maiden

Mailing Address: _____

City _____ State _____ Zip Code: _____

Phone Number (____) _____ Email: _____

Date of Birth: _____ South Dakota Pharmacist License Number _____

Social Security Number: _____ Last Year Licensed in South Dakota _____

Other states where you are licensed as a pharmacist (please include certificate number) _____

WORK HISTORY (begin with most current)

DATES	PHARMACY	ADDRESS	PHONE

The following must be furnished with application:

- Back fees for the years that you were not licensed in SD (maximum of 10 years) payable to the South Dakota Board of Pharmacy:

2005-2006	\$125	2010-2011	\$125
2006-2007	\$125	2011-2012	\$125
2007-2008	\$125	2012-2013	\$125
2008-2009	\$125	2013-2014	\$125
2009-2010	\$125	2014-2015	\$125
- Penalty fee (\$25) payable to the South Dakota Board of Pharmacy.
- 12 hours of continuing education completed within the last 24 months as indicated on the back of this form.
- You may also be required to successfully complete South Dakota's pharmacy jurisprudence examination.
- A copy of any current registered pharmacist licenses.
- Background Check (cards to be returned to SD Board of Pharmacy with fee payable to the Department of Criminal Investigation.) *Please note the background check information is only valid for six months. If your application process is not complete in six months from when this information is submitted it will need to be redone.*

FOR SD BOP USE ONLY

Received _____ Check # _____ Amount _____ Approved _____ Issued _____

Continuing Education Form

South Dakota Board of Pharmacy Laws and Rules:

20:51:19:03. Hours required. To qualify for re-licensure, an active pharmacist must successfully complete 12 hours of continuing education. The 12 hours of continuing education required each year for re-licensure must be completed within the 24 months before the pharmacist's certificate of registration expires. When a pharmacist applies for yearly renewal of his certificate of registration pursuant to SDCL 36-11-23, he must report his completed continuing education hours on a form supplied by the board.

Summary of Continuing Education Hours (hours must have been completed within the preceding 24 months)			
Program Name	Program Location*	Program Date**	Hours Earned

*If correspondence, name publication or source
 **If correspondence, date completed or date of certificate

Applicant's record of charges, convictions, and discipline:

Please answer the following questions. If you answer "yes" to any of the questions, please provide a complete description of dates and circumstances on a separate piece of paper. You must send supporting documents that are applicable.

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 or certification in any state or Canadian province been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? Yes No
4. Are you presently being investigated or is disciplinary action pending against your license? Yes No
5. Within the last three years, have you been treated for abuse or misuse of any alcohol or chemical substance to the extent that your ability to practice as a pharmacist has been impaired? Yes No
6. Within the past three years, have you experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? Yes No
7. Have you accumulated 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 I 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 _____