SOUTH DAKOTA
BOARD OF PHARMACY

Technician

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Please note: To work as a technician in South Dakota, you must:
1. Be a high school graduate or have attained a GED.
2. Be hired/employed in a South Dakota licensed pharmacy or equivalent as a pharmacy technician before you can apply for a technician registration.

General Information
1. Current/Active technicians can renew between September 1- October 31 each year.
2. All registrations will expire October 31. There is no grace period.
   a. You may not work without a current/active registration.
   a. Click on Individual Verification.
   b. License/Registration Type: Select Technician.
   c. Verification Code: Enter information that is to the right of this box.
   d. Last Name: Enter your last name.
   e. Click search.
   f. Your registration number should come up below.
4. For current South Dakota Statutes and Rules pertaining to technicians, go to https://doh.sd.gov/boards/pharmacy/, under Quick Links, see law book link options.
5. Administrative Rule (ARSD 20:51:29:06) requires a technician-in-training (TT) be certified within 2 years of original registration issue date.
6. Registration fee is $25.
7. Payment method – Mastercard, Visa, or American Express ONLY.
   a. 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.
8. 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
1. Online system does not retain information entered until the application has been submitted and payment process is completed.
2. Information to have available prior to beginning online application process:
   a. Have all of your personal information (DOB, SSN, education, work history).
   b. Current employer’s pharmacy license number.
   c. NABP e-profile number, if applicable.
   d. Any document(s) for upload, if applicable. See next section for document information.
   e. Certified technicians need to have a PDF of your PTCB or ExCPT certificate.
   f. If you have attended schools or training since your last renewal, have school/training facility information, facility address, dates attended, field of study and if degree/certificate was received.
3. 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.

Required Documents to be Uploaded
1. If a certified technician (CPhT), a PDF copy of your current PTCB or ExCPT certificate.
2. Explanation of felony/misdemeanor, if applicable. Needed:
   a. Date, city, county, and state of charge(s).
   b. An uploaded document with an explanation(s) is required.
      i. Explanation information needed on separate sheet of paper or word document that is signed and dated with explanation of felony/misdemeanor charges.
      ii. 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:
1. Your registration will auto renew unless
   a. Further information is needed. The applicant will be emailed if additional information is needed.
   b. A review is required for a section of the application (i.e. discipline)
   c. The Board will approve or deny the application, if applicable

2. After the license/registration is renewed, by logging back into your account, you will be able to do the following:
   a. To check application status, go to item #7g on page 7.
   b. Print technician registration, go to item #7b on page 6.
   c. To print a payment receipt, go to item #7f on page 7.

3. 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 the link below for renewal of your Technician Registration. Please Bookmark this page.  
   https://sdbop.igovsolution.net/online/User_login.aspx
   a. If this is the first time this registration has been renewed and have not set up an online account, click on sign up and follow the next steps.
   b. If this is not the first time this registration has been renewed or you have already set up an online, skip to item #8 on page 8 and enter your username and password used in a previous renewal.

2. Click on Sign up to set up account.

   a. Check Individual box.
   b. License Type: Select “Technician” from drop down menu.
   c. License number: Enter your license/registration number.
      i. ONLY enter the registration numbers, no prefix such as TT, CPhT, or GF.
   d. Date of birth: Fill in your date of birth in MM/DD/YYYY format.
   e. Click Next.
3. Complete credentials information.
   a. **Retain this information for future reference and use.**
   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.

![Image of credentials form]

4. User registration of online account is successful when this alert message appears.
   a. Click OK, you will be returned to the log in page.

![Image of alert message]

5. Once user registration is successful an e-mail will be sent to the e-mail that you provided during your registration with a message similar to below:

![Email from SD Board of Pharmacy]

6. 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)
   a. Use the user name and password to log in at the User Login page.

![Image of User Login form]
7. **My Profile page** – information to know before clicking “Renew”.
   a. **Personal Information** section.
      i. This is not an editable section.
      ii. Your first name, middle name, and last name appears here.

   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/registration.
          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.
      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.
      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 section](image)

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 section](image)

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 section the updated license/registration expiration date and last renewal date will show.
   ii. Print your online submitted Renewal form, if needed, by clicking on the printer in the print column.
8. **ONLINE PROFILE LOGIN** page.
   a. Once your 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. 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 Form]

9. **MY PROFILE** page.
   a. After validating all the information in the My Profile section click on the Renew icon in the profile section under the Registration Information section.

   ![My Profile Form]

   b. After clicking on the Renewal icon, you will get a pop-up box. Read statement then click yes on the confirmation message.

   ![Confirmation Message]

   By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

   ![Confirmation Yes/No]

10. **TECHNICIAN INSTRUCTIONS** page.
    a. Below page will open with a link to the instructions, if needed.
    b. Click Next.
11. TEACHER INFORMATION page.

1. These items will be prepopulated and are not editable: First Name, Middle Name, Last Name, Maiden Name (if applicable), Address, Zip Code, County, City, State, Email, Date of Birth, and Primary Phone.
2. Gender: Select one of the options.
3. NABP e-profile ID: Enter number, if available.
4. Type of Technician: Select type of technician by checking box in front of either Technician-in-Training (TT), Certified Technician (CPhT), or Grandfathered Technician (GF).
   a. If Technician-in-Training (TT) is selected:
      i. “Are you currently enrolled in a tech-in-training program (may be online or on the job training, etc.)”: Answer by clicking yes or no box.
      ii. If answered yes,
          1. Click on Click Here to Add More. You will get a pop-up box.
          2. Enter Name of Program or Job Training Entity.
          3. Click Save when information has been entered.
      iii. If answered no, click Next to continue.
b. If **Certified Technician (CPhT)** is selected:

   i. Name of technician training program: Enter name of the technician training program.
   ii. Program City: Enter name of city of the technician training program.
   iii. Program State: Enter name of state of the technician training program.
   iv. Program Zip: Enter zip code where training program was done.
   v. Training Completion Date: Enter date training program was completed in MM/DD/YYYY format.
   vi. Certification Exam Date: Enter date certificate exam was taken in MM/DD/YYYY format.
   vii. Certification Agency Name: From drop-down menu, select either PTCB or ExCPT.
   viii. Certificate Original Issue Date: Enter date certification was initially issued in MM/DD/YYYY format.
   ix. Certificate Number: Enter in your certification number from agency you are certified with.
   x. Certificate Current Expiration Date: Enter expiration date of your certification in MM/DD/YYYY format.
   xi. PTCB or ExCPT Certification Certificate: Click on Attach Document to upload a copy of your current PTCB or ExCPT certificate.
   xii. Click Next to continue.

   c. If **Grandfathered Technician (GF)** is selected:

   i. Click Next to continue.
12. **EDUCATION** page.
   a. “Have you attended schools or training since your last renewal, degree or certificate obtained.”: Answer by clicking yes or no box.

   i. If answered yes:
      1. Schools/Training facilities: Click on Click Here to Add More. You will get a pop-up box.
      2. Name of school or training facility BEYOND high school: Provide name of school/facility.
      3. School/Training Address: Enter Address1, Zip Code, City, State.
      4. Date attended from: Enter date started in MM/YY format.
      5. Date attended to: Enter date ended in MM/YY format.
      6. Field of Study: Enter field studied.
      7. Degree or Certificate Obtained: Check either Yes or No box.
      8. If there is more than one school or training since your last renewal, continue to click on Click Here to Add More until all schools/training facilities have been entered. Follow steps 1-7 in this section.
      9. When complete, click Next to continue.

   ii. If answered no, click Next to continue.

10. 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:

   ![Schools/Training facilities](image)

   i. If answered no, click Next to continue.
13. **EMPLOYMENT** page.
   
a. “Is your employer a South Dakota licensed pharmacy?”: Answer by clicking yes or no box.
   
   1. If answered yes:
      
      i. **License # of Pharmacy**: Enter the South Dakota pharmacy license number (Examples: 100-0000 or 200-0000). Pharmacy information should prepopulate. If pharmacy information does not populate, Enter Employer Street Address 1, Employer Zip Code, Employer City, Employer State, Employer Work Phone.
      
      ii. **Technician’s Work Email**: Enter your work email, if available.
      
      iii. **Technician’s Job Title**: Enter your job title.
      
      iv. **Average Hours Worked Per Week**: Enter average hours worked per week.
      
      v. **Employment status (check one)**: Check either full time, part time, temporary, or PRN box.

   
b. If answered no:
      
      i. **Employer name**: Enter employer name.
      
      ii. **Employer Street Address 1**: Enter employer street address.
      
      iii. **Employer Zip Code**: Enter employer zip code.
      
      iv. **Employer City**: Enter employer city.
      
      v. **Employer State**: Enter employer state.
      
      vi. **Work phone**: Enter employer phone number.
      
      vii. **Technicians Work Email**: Enter your work email.
      
      viii. **Technician’s job title**: Enter in your job title.
      
      ix. **Average Hours Worked Per Week**: Enter number of hours worked on average per week.
      
      x. **Employment status (check one)**: Check either full time, part time, temporary, or PRM box.
c. “Do you have a second employer?”: Answer by clicking yes or no box.
   i. If the answer is yes:
      1. Answer the question and provide the same information as in item #13a or #13b.
      2. Once required information has been completed, click Next to continue.
   ii. If the answer is no:
      1. Click Next to continue.

14. RECORD OF DISCIPLINE, CHARGES, AND CONVICTIONS page.

a. Answer questions #1 and #2 under Declaration of current impairment or limitations section by checking the yes or no box.
   i. If yes is answered to either question,
      1. Click on Attach Document: Upload a document with an explanation(s). Explanation information needed on separate sheet of paper is a signed and dated explanation related to the question.
      2. Explanation box: Enter a brief description.
   ii. If no is answered to both questions, continue to the felony or misdemeanor crimes section.
b. Answer questions #3 and #4 under Felony or misdemeanor crimes section by checking the yes or no box.
   i. If yes is answered to either question,
   ii. Click on Attach Document: Upload document with an explanation(s) is 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.
   iii. Explanation box: Provide a brief description related to question answered.
   iv. If no is answered, click Next to continue.

15. **APPLICATION INPUT PREVIEW** 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.
16. **AFFIRM AND SUBMIT** page.

<table>
<thead>
<tr>
<th>AFFIRM AND SUBMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to abide by the South Dakota pharmacy law and the rules of the Board of Pharmacy. I declare and affirm under the penalties of perjury that this application has been completed by me, electronically signed by me, and to the best of my knowledge and belief, is in all things true and correct.</td>
</tr>
<tr>
<td>Date: 08/29/2020</td>
</tr>
<tr>
<td>License Fee: $25.00</td>
</tr>
<tr>
<td>E-Signature of the person filling out this renewal</td>
</tr>
<tr>
<td>Debit / Credit: Select</td>
</tr>
<tr>
<td>Card Type: Select Card Type</td>
</tr>
<tr>
<td>Card #</td>
</tr>
<tr>
<td>Expiration Date (MM/YY): MM/YY</td>
</tr>
<tr>
<td>Person’s Name on Card</td>
</tr>
<tr>
<td>Card Type: Mastercard, Visa, or American Express only accepted.</td>
</tr>
<tr>
<td>Person’s Name on Card: Enter name of person that appears on the credit card.</td>
</tr>
<tr>
<td>Card #: Enter Mastercard, Visa, or American Express credit card number.</td>
</tr>
<tr>
<td>Expiration date: Enter card expiration date in MM/YY format.</td>
</tr>
<tr>
<td>Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.</td>
</tr>
<tr>
<td>Once confident that the application is complete, click on submit.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>You will get confirmation number if successful.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>If you entered any invalid information, you will see a message indicating that your card was invalid.</td>
</tr>
<tr>
<td>Click on Ok and re-enter the correct information and click on submit to complete the application.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

### Alert Message

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

- Your application has been successfully submitted. Your confirmation is 20200829000000875.
17. **PRINT APPLICATION** page.

*Helpful hint: Click on My Profile to return to page where you can print your license/registration – see item #7b 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 #7 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. 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.
4. 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/registration.

Reset Password
1. At the User Login page, click on Forgot Password.
   ![User Login](image1)

2. You will get a pop-up alert message.
   a. PLEASE NOTE THIS: Please be prepared to write down your temporary password after filling out the details.
   b. Click OK.

![Alert Message](image2)
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.
      i. ONLY enter the registration numbers, **no prefix** such as TT, CPhT, or GF.
   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.