SOUTH DAKOTA BOARD OF PHARMACY

Graduate of College of Pharmacy
Outside of United States
Foreign Pharmacist Graduate

User Guide and
New Application Instructions

Foreign Pharmacist New Application
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General Information

Foreign Pharmacist New 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. Initial foreign pharmacist license fee is $35.
    a. 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/news-statutes/statutes-rules/licensing-boards-statutes-rules/, scroll down to SD Board of Pharmacy, then select SDCL 36-11 – Pharmacies & Pharmacists.
4. Background check information will be mailed to you after application is received in the Board's e-licensing portal.

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. Prior to starting the online process:
    a. Have all your personal information available (DOB, SSN, NABP e-profile #)
    b. Review section below titled, 'Required information and documents needed for upload', for other information needed

Registration Steps

1. Applicant completes the "Application for Licensure as a Pharmacist in South Dakota" on the South Dakota Board of Pharmacy's e-licensing platform.
    a. *This step must be completed before the Board of Pharmacy can approve an applicant to take the NAPLEX and MPJE.*
2. Applicant registers on the NABP website (https://NABP.pharmacy) for permission to take the NAPLEX exam and the Multistate Pharmacy Jurisprudence Exam (MPJE) South Dakota Edition.
    a. Once the SD Board of Pharmacy grants eligibility, the applicant then purchases the exams through NABP.
    b. Once purchased, the ATT codes to take the tests will be emailed to you from Pearson Vue.
    c. If score transfer is desired, applicant must request official transfer of a NAPLEX score.
    d. Passing grade for each exam is a total scaled score of not less than 75.

Support Materials

1. Visit the NABP website for NAPLEX instructions and administration policies (NAPLEX Registration Bulletin)
2. Visit the SD BOP website for MPJE study materials (PDF of South Dakota Law Book)

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Required information and documents needed for upload

1. If you are or are a spouse of a deployed active duty military member, copy of active duty orders.
2. IPPE/APPE/Intern Practical Experience hour information
   a. Record all IPPE hours (for SDSU graduates, 240 hours) in one entry, provide overall date range   From _____ To _____ and <u>total</u> of all IPPE hours completed.
   b. Record all APPE hours (for SDSU graduates, 1600 hours) on one entry, provide overall date range From _____ To _____ and <u>total</u> of all APPE hours completed.
   c. Record all intern practical experience hours in one entry for each pharmacy, provide overall date range From _____ To _____ and <u>total</u> of all hours for each intern practical experience at each pharmacy.
3. A passport quality color photo of head or head/shoulder (2 ¼" x 3 ¼" in size).
4. Copy of a United States or state government issued photo ID (ex: driver's license).
5. Any regulatory questions that are answered yes:
6. You will need an explanation and upload any documents relating to that question.
   a. For each 'yes' response, prepare a document that can be uploaded with detailed explanation of the event and include dates.
   b. Applicable supporting documents, such as legal documents, must be uploaded to the application.

Authorization to Administer Immunization Information

For <u>NEW</u> Immunization Certificate: 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.

After Application Submission Information

After your application has been submitted, the Board will:
1. Review the application.
2. Background check information will be mailed to you.
3. Email registrant if additional information is needed.
4. Approve or deny the application.
5. Once the license is approved, a no-reply, automated email will be sent.
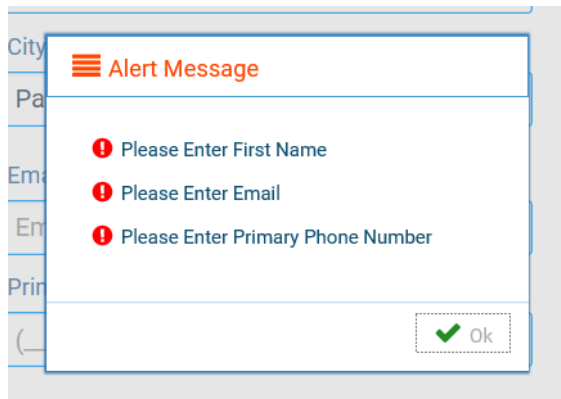
Once a new license has been issued,
1. Instructions to set up a profile account begin on page 12.
2. **Retain User ID/password** to have ability to access the licensing platform at any time and to renew the license in the future.

After the license is approved/issued and the profile account is set up, you will be able to do the following:
1. Print pharmacist license (instructions on page 15, Item 7b).
2. Print a payment receipt (instructions on page 16, Item 7f).
3. In your account on the My Profile page:
   a. You can update your personal information at any time.
   b. Please use this platform to update our personal address, phone number, and email <u>as changes occur</u>.

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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. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
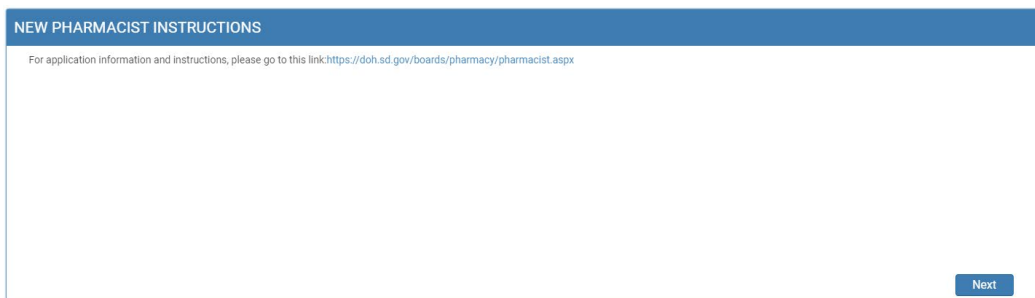3. If mandatory fields are not entered, you will get an alert message to enter missing information.

Start Application Process Here

1. **NEW PHARMACIST INSTRUCTIONS** page.
   Click on: https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=74
   - a. **NEW PHARMACIST INSTRUCTIONS** page.
     - i. Below page will open with a link to the instructions.
   - b. Click Next to continue.

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2. **TYPE OF APPLICATION** page.
   a. Select 'Pharmacist – Foreign'

   b. Answer the question by clicking yes or no to completion of 1,500 internship hours in a licensed pharmacy or other board-approved location and reported to the SD Board of Pharmacy.

     1.   If answered yes, click Next.
     2.   If no is answered, an alert message will appear, and completion of application should not be done.

   c. 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.

    iii. Click Next to continue.

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3. **PHARMACIST INFORMATION** page.
   a. Complete information that has a red asterisk (*****): First 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, and Primary Phone .
      i. If your address is out of state and the City, State, and County does not autofill, please enter this information.
   b. Gender: select one of the options.
   c. NABP e-profile #: enter your ID number.
   d. When completed, click Next.

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4. **PRACTICAL EXPERIENCE COMPLETED** page**.**

a. Fill in Intern Registration Number with State Registered in.

b. Answer Yes/No if it a College Based Clinical Program (IPPE/APPE) is going to be entered.

  i. If it is a College Based Clinical Program (Yes was selected), select if it is IPPE or APPE hours. The IPPE hours and APPE hours must be entered separately. Record all IPPE or APPE hours as individual entries with overall date range FROM_____ TO _____ with a total of all IPPE OR APPE hours (enter this in total Hours Worked). For SDSU graduates, IPPE hours total 240 hours and APPE hours total 1600 hours.

  ii. If it is not a College Based Clinical Program (No was selected), answer question Yes or No to "Are these intern practical experience hours". Enter one pharmacy with an overall date range FROM _____ TO _____ with a total of hours for each intern practical experience at each pharmacy.

  iii. To add additional College Based Clinical Program hours or to enter intern practical experience hours, click on 'Click Here to Add More'. The same questions will be asked.

  iv. Below is completing with IPPE or APPE hours:

c. Below is adding in intern practical experience hours example:

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d. If additional hours need to be added, click on Click Here to Add More.
  i. Fill out information as outlined in items #5a and #5b.
  ii. Click Save when complete.

e. Click Next when completed.

5. **AUTHORIZATION TO ADMINISTER IMMUNIZATIONS** page.
  a. Answer "Will you be administering immunizations" by clicking yes or no.
    i. If no is selected, click Next to go to next page.
  b. If yes is selected:
    1. Click on Attach Document to upload a copy of the Certificate of Completion of Approved Training Program for Administration of Immunizations. This certificate is the 20-hour immunization delivery course (NOT continuing education).
    2. Click on Attach Document to upload a copy of certificate of completion of current cardio-pulmonary resuscitations training that includes the date acquired and the expiration.

c. Once documents have been attached, click Next.

6. **RECORD OF DISCIPLINE, CHARGES AND CONVICTIONS** page.
   a. Answer each of the nine questions.
      i. If any of the first eight questions are answered yes, an explanation box will need to be filled out along with documentation relating to that question.
      ii. Event dates with an explanation of the event will be needed to be uploaded along with any court documents relating to the event.
      iii. To upload the document, click on Attach Document.
   b. If the last question is answered no, an explanation will need to be filled in along with supporting document(s).
   c. Once section is completed, click Next.

7. **ATTACHMENTS** page.
   a. Upload a passport quality color photo of head or head/shoulder (2 ¼" x 3 ¼" in size).
      i. Click on Attach Document to upload photo.
   b. Upload a copy of a United States or state government issued photo ID (ex: driver's license).
      i. Click on Attach Document to upload ID.
   c. When uploads are complete, click Next.

8. APPLICATION INPUT PREVIEW page.

   a. Review your information that has been input.

      i. If there are any changes needed, click on previous to correct any information.

      ii. If there are no changes, click Next.

9. AFFIRM AND SUBMIT page.

Note: Deployed active military member or spouse, please go to item 9b.

   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.

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b. **DEPLOYED ACTIVE MILITARY MEMBER OR SPOUSE OF ACTIVE DUTY MILITARY MEMBER**
  i. E-Signature: enter your name.
  ii. Once confident that the application is complete, click on Submit.
      1. *Note: There is no fee for this application.*

AFFIRM AND SUBMIT

☐ I the undersigned being duly sworn say that I am the person referred to in the foregoing application the photograph is an image of me 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.

E-Signature of the person filling out this renewal (Type in full name)
E-Signature

*Date
07/19/2021

License Fee
$0.00

Previous   Submit

Please note that after you click the Submit button, you cannot make changes to your application.

c. Once confident that the application is complete, click on Submit.
d. ***Submit application <u>one</u> 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.***
e. If you entered any invalid credit card information, a message indicating that your card was invalid will pop up.
  i. Click on Ok and reenter the correct information and click on Submit to complete the application.

≡ Alert Message

❗ Your application wasn`t successful. Credit Card Number Invalid.

✔ Ok

f. If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.

≡ Alert Message

❗ Your application has been successfully submitted. Your confirmation is 20190729000002174

✔ Ok

10. PRINT APPLICATION page.
a. Print out application for your records by clicking on the print button in the upper right corner.

Print Application   🖨

South Dakota Board of Pharmacy
PHARMACIST INITIAL / NEW APPLICATION

NEW PHARMACIST INSTRUCTIONS
For application information and instructions, please go to this link:https://doh.sd.gov/boards/pharmacy/pharmacist.aspx

TYPE OF APPLICATION
Select one of the following:

☐ New Pharmacist by NAPLEX Examination ☐ New Pharmacist by Score Transfer ☐ Pharmacist - Reciprocating ☑ Pharmacist – Foreign

1,500 internship hours in a licensed pharmacy or other board-approved location has been completed and reported to the SD Board of Pharmacy. ☑ Yes ☐ No

Please note that after you click the Submit button, you cannot make changes to your application.

Account Set Up

To set up an account and be able to print your license, follow these instructions:

1. 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.
      i. Under the print column, click on the print icon to print a copy of the verificaiton.
   f. **Retain license number to set up online Profile**.

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2. **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:

ONLINE BUSINESS PROFILE LOGIN

User Login
☑ Individual   ☐ Business

User Name

User Name

Password

Password

Login

👤 Sign up   🔑 Forgot password

3. **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.

ONLINE PROFILE REGISTRATION

Registration	Step 1 / 2

☑ Individual   ☐ Business

Please provide the information below.
Click here to verify your license #.

* License Type

Intern

* License Number

License Number

* Date of Birth

MM/DD/YYYY

Next

? Forgot Password

4. **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.

Credentials	Step 2 / 2

* Email

Email

* Confirm Email

Confirm Email

* User Name

User Name

* Password

Password

* Confirm Password

Confirm Password

Previous   Submit

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5. Registration is successful when this alert message appears.
    a. Click OK.
    b. You will be returned to the log in page.

Alert Message

User registration successful.

✔ Ok
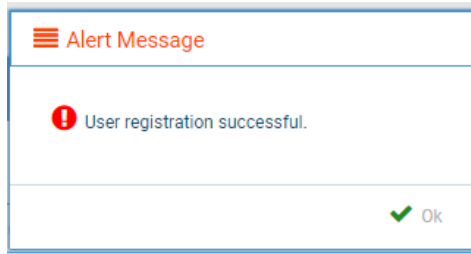
6. **ONLINE PROFILE LOGIN** page.
    a. Once account is set up, you will return to the log in page or use this link: https://sdbop.igovsolution.net/online/User_login.aspx
    b. Individual: click box by Individual at the top.
    c. User Name: enter your user name.
    d. Password: enter your password.
    e. Click Login.

User Login

☐ Individual   ☐ Business

User Name

[User Name]

Password

[Password]

Login

👤 Sign up   🔑 Forgot Password

My Profile Page

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

7. **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

First Name	Middle Name	Last Name

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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.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
Pharmacists				Current/Active		Renew	Print

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

Home Address

Edit

* Address   Address Line 2   Address Line 3

Country   * Zip   * City
Select Country

* State   County

   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

Edit

* Phone #   Alternate Phone   * Email

Fax

   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.
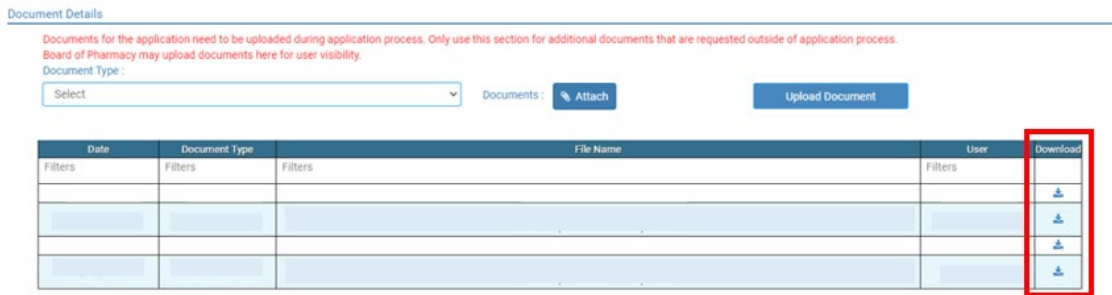
f. **Payment History** section.
   i. This section contains payments made for licensure.
      1. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
   ii. To print a receipt, click on the printer in the receipt column for the receipt needed.
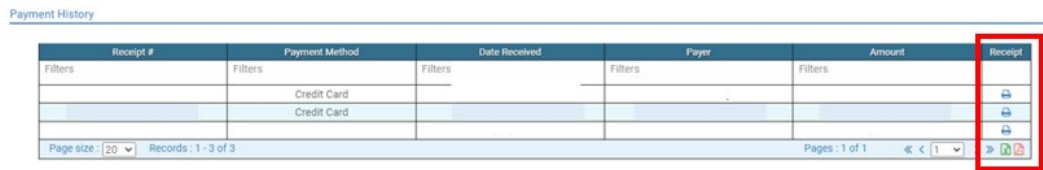
g. **Renewal Details** section.
   i. This section contains status information of your renewal application.
      1. If licensure is Pending (not yet renewed) or if it has been Cleared (renewed).
      2. If it's Cleared, then in the Registration information grid will show the updated license expiration date, Last renewal date.
   ii. Print your online submitted Renewal form, if needed, by clicking on the printer in the print column.

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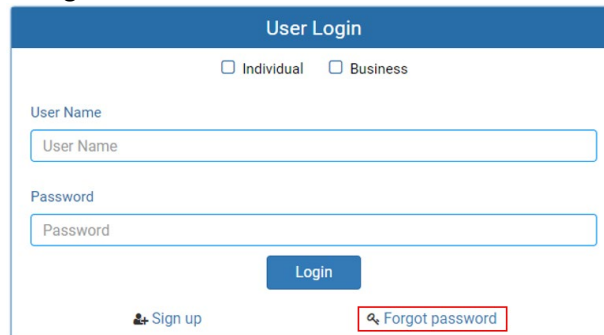# I'm having trouble getting through the licensing process.

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
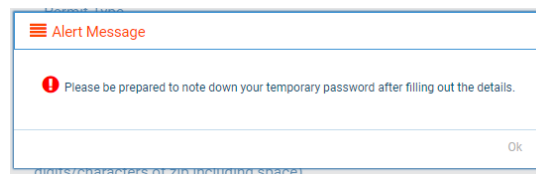
1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
3. **At the top of your licensure documentation, if it includes 'This is a Primary Source Verification' – 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.
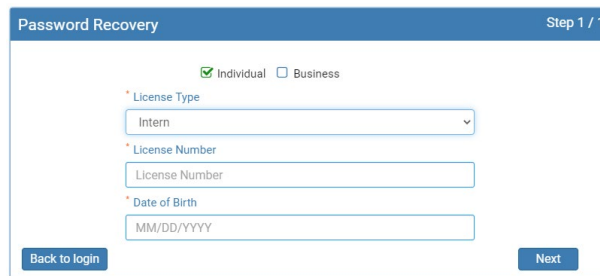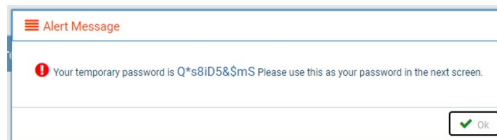   b. License type: select Intern from the drop-down menu.
    c. License number: enter your license number.
    d. Date of Birth: enter your date of birth in MM/DD/YYYY format.
    e. Click Next.

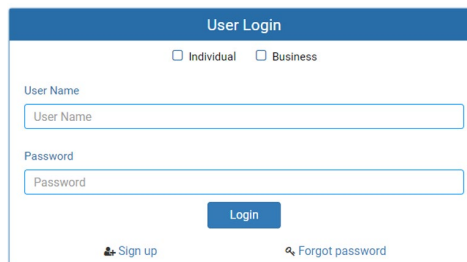| Password Recovery	Step 1 / 1
☑ Individual ☐ Business	
* License Type	
Intern	
* License Number	
License Number	
* Date of Birth	
MM/DD/YYYY	
Back to login	Next

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

☰ Alert Message	
❗ Your temporary password is Q*s8iD5&$mS Please use this as your password in the next screen.	
	✔ 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 <u>temporary password</u> from the Alert Message.
    d. Click Log In.

User Login
☐ Individual   ☐ Business
User Name
User Name
Password
Password
Login
👤 Sign up   🔑 Forgot password

6. **Credentials** page.
    a. Old Password: Enter your <u>temporary password</u> 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.

Credentials	Step 1 / 1
* Old Password	
Old Password	
* New Password	
New Password	
* Confirm New Password	
Confirm New Password	
	Submit

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