

SOUTH DAKOTA BOARD OF PHARMACY

Pharmacist

User Guide and Renewal Application Instructions

Valid through 7/31/2023



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Pharmacist Renewal Application

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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. All application fees are nonrefundable and nontransferable.
3. 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.
4. 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.
5. All licenses will expire September 30. There is no grace period.
6. Continuing education hours will not need to be entered.
7. 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. 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. Have all your renewal information and copies of documents for upload ready before beginning the online renewal process.
5. 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

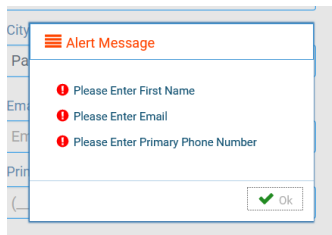
1. *After your application has been submitted:*
 - a. Your license will auto renew unless:
 - i. Any regulatory question has been answered 'yes' or the conduct question has been answered 'no'.
 - ii. A new immunization certificate was applied for.
 - b. The licensee will be emailed if additional information 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.

After Application Submission Information (Continued)

3. In your account on the My Profile page, you can also update your personal information at any time.
 - a. Please use this platform to update your personal address, phone number, and email as changes occur.
4. *Licensure status can also be verified at:*
 - a. Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

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.

ONLINE BUSINESS PROFILE LOGIN

User Login

☒ Individual ☐ Business

User Name

Password

Login

 Sign up [Forgot password](#)

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

(License Type is Mandatory. Either License/Registration Number or Last Name is Mandatory. Please click on the Print option to view the license/registration details.)

* License/Registration Type: Verification Code:

* License/Registration Number: * Last Name: First Name:

License/Registration Search

Name	License/Registration #	License/Registration Type	Status	Original Issue Date	Expiration Date	Last Renewal Date	City	State	Discipline	Print
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	
		Pharmacists	Current/Active							

Page size: 20 Pages: 1 of 1

3. User Login page.

- After confirming your license/registration number, begin setting up your account by clicking on this link: https://sdbop.igovsolution.net/online/User_login.aspx
- Click on Sign up as shown below:

ONLINE BUSINESS PROFILE LOGIN

User Login

☒ Individual ☐ Business

User Name:

Password:

[Forgot password](#)

4. Registration page.

- Click on Individual at the top.
- License Type: select pharmacist from drop-down menu.
- License number: Put in your license number from the verification done in item #1.
- Date of Birth: enter your date of birth in the format of MM/DD/YYYY.
- Click Next.

ONLINE PROFILE REGISTRATION

Registration Step 1 / 2

☒ Individual ☐ Business

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

* License Type:

* License Number:

* Date of Birth:

[? Forgot Password](#)

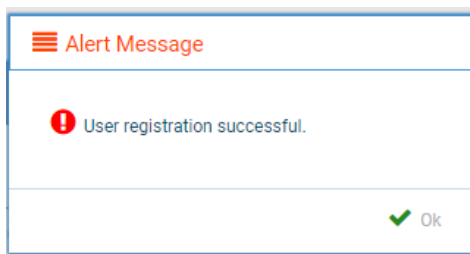
5. **Credentials** page. Complete this information.

- 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.

The screenshot shows a web form titled "Credentials" with a sub-header "Step 2 / 2". The form contains six input fields, each preceded by an asterisk (*): "Email", "Confirm Email", "User Name", "Password", and "Confirm Password". Each field has a placeholder text matching its label. At the bottom of the form are two buttons: "Previous" on the left and "Submit" on the right.

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
- b. Individual: click box by Individual at the top.
- c. User Name: enter your user name.
- d. Password: enter your password.
- e. Click Login.

The screenshot shows a web form titled "User Login". At the top, there are two radio buttons: "Individual" (which is selected) and "Business". Below these are two input fields: "User Name" and "Password", each with a placeholder text matching its label. A blue "Login" button is positioned below the password field. At the bottom of the form, there are two links: "Sign up" with a plus icon and "Forgot Password" with a magnifying glass icon.

My Profile Page

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

8. MY PROFILE page.

a. Personal Information section.

- This is not an editable section.
- Your first name, middle name, and last name appears here.

Personal Information

First Name	Middle Name	Last Name

b. Registration Information section.

- This is not an editable section.
- 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.
- Renewal column.
 - When renewal period is open, click on the blue renew to begin renewal of license.
 - Please refer to the renewal manual for complete instructions and all information needed.
- Certificate column. **Print license/registration from this column.**
 - 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.

- This is an editable section.
- 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	

- To update this section, click on the edit button.
 - Update the necessary information.
 - Once complete, click save.

d. Personal Phone, Email and Fax section.

- This is an editable section.
- Your phone number, alternate phone number, email, and fax number appear here.

Personal Phone, Email and Fax

[Edit](#)

* Phone #	Alternate Phone	* Email
Fax		

- To update this section, click on the edit button.
 - Update the necessary information.
 - 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

Documents for the application need to be uploaded during application process. Only use this section for additional documents that are requested outside of application process.
Board of Pharmacy may upload documents here for user visibility.

Document Type : Select Documents : Attach Upload Document

Date	Document Type	File Name	User	Download
Filters	Filters	Filters	Filters	

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

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
	Credit Card				
	Credit Card				

Page size : 20 Records : 1 - 3 of 3 Pages : 1 of 1 << < > >>

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

Order ID	License Number	Renewal Date	Status	E-Signature	Print
Filters	Filters	Filters	Filters	Filters	

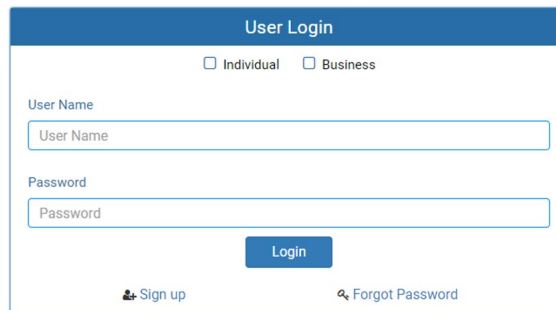
Page size : 20 Records : 1 - 0 of 0 Pages : 1 of 0 << < > >>

Start Renewal Application Process Here

Start here if a log in (user name and password) was previously established.

9. ONLINE PROFILE LOGIN page.

- Use this link to log into your online account: https://sdbop.igovsolution.net/online/User_login.aspx
- Individual: click box by Individual at the top.
- User Name: enter your user name.
- Password: enter your password.
- Click Login.



The image shows a 'User Login' form. At the top, there are two radio buttons: 'Individual' (selected) and 'Business'. Below these are two text input fields: 'User Name' and 'Password'. A blue 'Login' button is centered below the password field. At the bottom, there are two links: 'Sign up' with a person icon and 'Forgot Password' with a magnifying glass icon.

10. MY PROFILE page.

- After validating all the information in the My Profile section, click on the blue Renew in the Renewal column in the registration Information section.

Registration Information

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

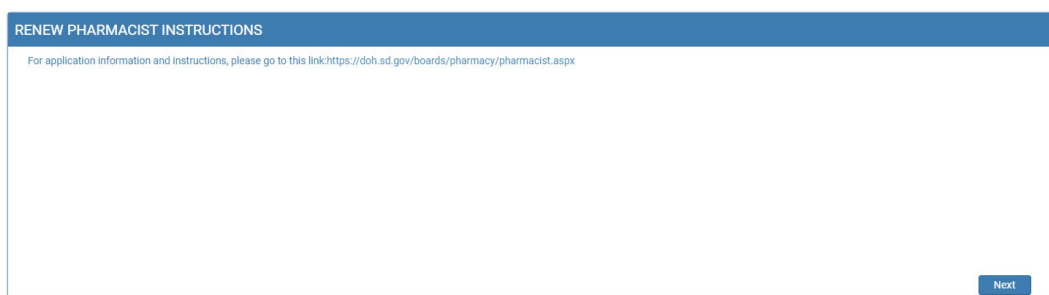
- After clicking on the Renewal icon, you will get a pop-up box. Read statement then click yes on the confirmation message.



The image shows a 'Confirmation Message' pop-up box. It contains the text: '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.' At the bottom right, there are two buttons: 'Yes' with a green checkmark icon and 'No' with a red X icon. The 'Yes' button is highlighted with a red box.

11. RENEW PHARMACIST INSTRUCTIONS page.

- Below page will open with a link to the instructions.
- Click Next.



The image shows the 'RENEW PHARMACIST INSTRUCTIONS' page. It has a blue header with the title. Below the header, there is a text area with the following text: 'For application information and instructions, please go to this link: <https://doh.sd.gov/boards/pharmacy/pharmacist.aspx>'. At the bottom right, there is a blue 'Next' button.

12. PHARMACIST INFORMATION page.

- Complete information that has a red asterisk (*).
- Gender: select one of the options.
- Enter NABP e-profile ID.
- Are you currently a deployed active duty military member? Or Are you currently a spouse of a deployed active duty military member.
 - Select either Yes or No to both questions.
 - If yes is selected, Click on Attach Document to upload your or your spouse's Active-Duty Orders.
- Click Next when complete.

PHARMACIST INFORMATION

First Name: Middle Name: Last Name:

Maiden Name:

Mailing Address

Address1: Address2: Address3:

Zip: City: State:

County: Email: Date of Birth:

Primary Number: Alternate Number:

Gender: ☐ Male ☒ Female

* NABP e-profile #:

Are you currently a deployed active duty military member? ☒ Yes ☐ No

Active Duty Orders

Are you currently a spouse of a deployed active duty military member? ☒ Yes ☐ No

Active Duty Orders

13. CONTINUING EDUCATION page.

- Verify completion of your continuing education. Read both statements and select the statement that is correct for your renewal.
 - First statement is for recent graduates.
 - Second statement applies to pharmacists who have been licensed entire past year.

CONTINUING EDUCATION

☐ I have recently been licensed and have completed one hour of continuing education for each month of licensure. The SD Board of pharmacy is required to annually audit at random to verify registered pharmacists continuing education. Upon request I will provide documentation of all hours to the Board.

☐ I have been licensed for the entire year and I have completed 12 continuing education hours completed in the 24 months prior to license expiration date AND not previously reported to the Board. The SD Board of pharmacy is required to annually audit at random to verify registered pharmacists continuing education. Upon request I will provide documentation of all hours to the Board.

- Click Next.

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.

The screenshot shows a web form titled "AUTHORIZATION TO ADMINISTER IMMUNIZATIONS". It contains two questions, both with "Yes" selected. The first question asks if the user currently has authorization, and the second asks if they want to renew it. Below these is a checkbox for attesting to completed requirements, which is currently unchecked. The requirements listed are: 1. One (1) hour of continuing education related to immunization has been completed. 2. Certified in cardiopulmonary resuscitation. 3. Upon request I will provide documentation of continuing education hour and current CPR certificate. At the bottom are "Previous" and "Next" buttons.

- 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).
 - iii. Click on Attach Document to upload a copy certificate completion of current cardio-pulmonary training that includes the date acquired and the expiration.
 - iv. Enter the expiration date of the current CPR card.
 - v. Click next.

The screenshot shows a web form titled "AUTHORIZATION TO ADMINISTER IMMUNIZATIONS". The first question is answered with "No". The second question asks if the user wants to apply for authorization, and "Yes" is selected. Below this, there are two sections for attaching documents. The first section is for a "Certificate Completion of Approved Training Program for Administration of Influenza Immunizations" and includes a note that this is a 20-hour immunization delivery course (NOT continuing education). The second section is for a "certificate completion of current cardio-pulmonary resuscitations training" and includes a text input field for the expiration date of the current CPR card, with a placeholder "MM/DD/YYYY". At the bottom are "Previous" and "Next" buttons.

- b. If you **do not have authorization from the South Dakota Board of Pharmacy to provide immunization to patients and do not want make an application for a new authorization**, please follow these directions:
- Answer no to question: “Do you have authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
 - Answer no to question, “Would you like to apply to obtain authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
 - Click Next.

- 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:
- Answer no to question: “Do you have authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
 - Answer no to question, “Would you like to apply to obtain authorization from the South Dakota Board of Pharmacy to provide immunization to patients?”
 - Click Next.

2. EMPLOYMENT page.

- a. **Primary Pharmacy Employer Information.** Answer Yes or No to question, “Are you currently employed?”
- If answered no, select one of the options:
 - Retired, Unemployed, Currently not practicing, or Want to maintain license.
 - Continue to second employer information.

- ii. If answered yes,
 1. Select one of the 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. If applicable, check this box if your employer is not a South Dakota Pharmacy.
 - ii. Enter Employer Name, Address1, Employer Zip Code, Employer City, Employer State, Work #, Email, Job Title, Average Hours Worked per Week, and Employment Status.
 - iii. 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. Below employment information is my current employer.
 - a. Continue to second employer information.
 2. Below employment information is NOT my current employer.
 - a. If applicable, check this box if your employer is not a South Dakota Pharmacy.
 - b. 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 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

Complete all questions. For each "yes" response, prepare a document that can be uploaded with detailed explanation of the event and include dates. Applicable supporting documents must be attached to the application.

Since your last renewal, have you 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

Is there any pending criminal prosecution against you which would constitute a felony? ☐ Yes ☐ No

Since your last renewal, has your license to practice pharmacy in any jurisdiction been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? ☐ Yes ☐ No

Are you currently being investigated or the subject of pending disciplinary action? ☐ Yes ☐ No

Since your last renewal, have you received treatment for abuse or misuse of alcohol and/or chemical substance to the extent that your ability to practice pharmacy was impaired? ☐ Yes ☐ No

Have you ever experienced a physical, emotional, and/or mental condition that endangered the health or safety of persons entrusted in your care? ☐ Yes ☐ No

Do you have child support arrearages in the sum of one thousand dollars or more? ☐ Yes ☐ No

Do you follow the Rules of Professional Conduct as outlined in ARSD 20:51:16? ☐ Yes ☐ No

Previous

Next

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 PREVIEW

RENEW PHARMACIST INSTRUCTIONS

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

PHARMACIST INFORMATION

First Name	Middle Name	Last Name
Maiden Name		
Mailing Address		
Address1	Address2	Address3
Zip	City	State
County	Email	Date of Birth

Previous

Next

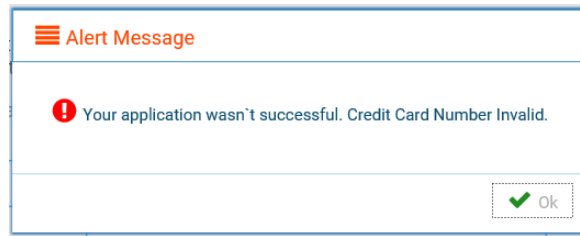
5. **AFFIRM AND SUBMIT** page.

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

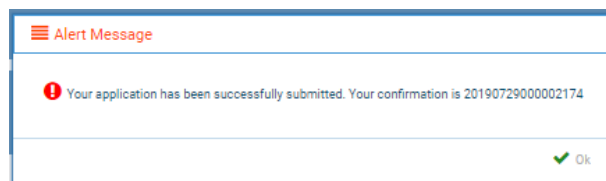
- a. Read and understand the statement then click the box in front of the statement.

- 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.
1. **NOTE:** All application fees are nonrefundable and nontransferable.
- 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.



- d. If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.
 - i. Click OK.



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.

 The screenshot shows the "PHARMACIST RENEW" page of the South Dakota Board of Pharmacy. At the top, there is a blue header with the board's logo, name, and the title "PHARMACIST RENEW". On the far right of the header is a "My Profile" button. Below the header, there is a "Print Application" section with a printer icon button (highlighted with a red box). The main content area is titled "RENEW PHARMACIST INSTRUCTIONS" and contains a link to the application instructions. Below this is the "PHARMACIST INFORMATION" section, which includes input fields for First Name, Middle Name, Last Name, Maiden Name, and Mailing Address. At the bottom of the form, there is a red note: "Please note that after you click the Submit button, you cannot make changes to your application."

I'm having trouble getting through the licensing process.

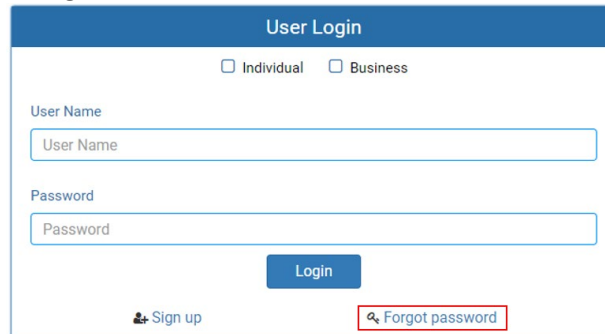
1. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Be sure your pop-up blocker is turned off.
5. Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

Tips

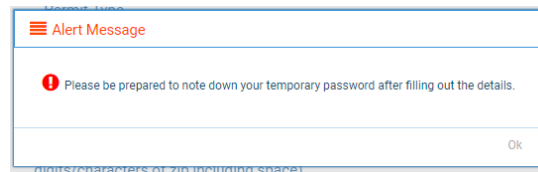
1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
3. At the top of your licensure documentation, if it includes "This is a Primary Source Verification" – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #7b on page 11 to see how to print your license.
4. In your account on the My Profile page, you can also update your personal information at any time.
 - a. Please use this platform to update your personal address, phone number, and email as changes occur.

Reset Password

1. At the **User Login** page, click on Forgot Password.

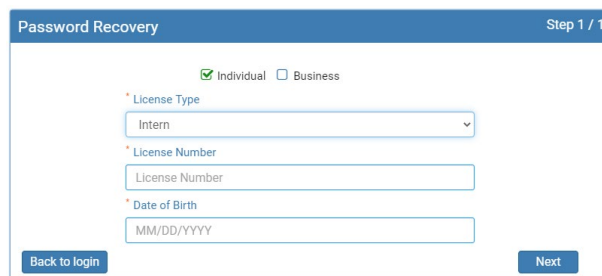


2. Upon advancing to the next page, an alert message pops up.
 - a. **PLEASE NOTE THIS:** Please be prepared to write down your temporary password after filling out the details.
 - b. Click OK.



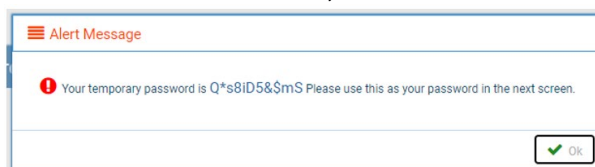
3. Password Recovery Page

- Select Individual at the top.
- License type: select Intern from the drop-down menu.
- License number: enter your license number.
- Date of Birth: enter your date of birth in MM/DD/YYYY format.
- Click Next.



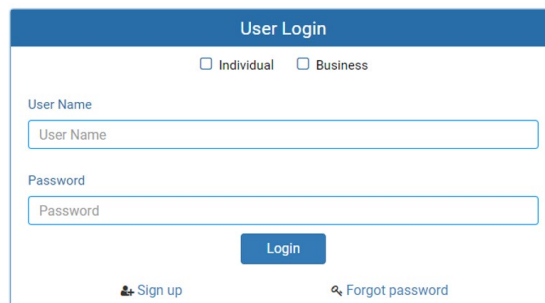
4. An Alert message will appear. **BE SURE TO RETAIN THIS PASSWORD.**

- Helpful hint:* open a word document, then copy/paste the temporary password into the word document.
- Once the temporary password has been written down, Click OK.



5. Return to the **User Login** page.

- Select Individual at the top.
- User Name: enter your User Name.
- Password: Input the temporary password from the Alert Message.
- Click Log In.



6. **Credentials** Page

- Old Password: Enter your temporary password from the Alert Message as the Old Password.
- New Password: enter a new password.
- Confirm the New Password: enter your new password.
- Click Submit.
- You will return to the log in page.
- Enter the User name and new password to continue.