



South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

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Notification of Employment
(This form is for internship in South Carolina Only)

\*To be completed by Pharmacist:

I hereby certify that I am a licensed pharmacist in the State of \_\_\_\_\_, holding license number \_\_\_\_\_, and that \_\_\_\_\_ (Name of Intern) began employment under my personal supervision, direction and instruction in the practice of pharmacy as an intern on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Name of Pharmacy) in \_\_\_\_\_ (Address or Location), \_\_\_\_\_ (Phone) \_\_\_\_\_ (City & State), \_\_\_\_\_ (Zip code) with permit number \_\_\_\_\_.

I further certify that the experience gained by the intern shall be in accordance with Chapter 43 of the South Carolina Code of Laws and Regulations promulgated there under.

\_\_\_\_\_, (Date) \_\_\_\_\_ (Signature of Supervising Pharmacist)

\*To be completed by Intern:

I hereby certify that I began employment under the personal supervision, direction and instruction of \_\_\_\_\_ (Supervising Pharmacist) at \_\_\_\_\_ (Name of Pharmacy, Site or Program)

In the practice of pharmacy on \_\_\_\_\_ (Date), Intern SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_, (Date) \_\_\_\_\_ (Signature of Intern)

My Intern Certificate Number is \_\_\_\_\_

My mailing address is \_\_\_\_\_

\*\*This form must be completed and returned to the Board by mail or hand delivered only (fax not acceptable) for the following reasons:

- 1. Within ten days after the beginning of each new employment
2. Within ten days after the beginning of each new year (will not be accepted before January 1st)
3. Within ten days after transfer within the same company or floating within the same company

\*\*It is the sole responsibility of the Intern to insure that this Notification is completed and returned to the Board within the required period of time. Lack of knowledge of laws and regulations does not constitute an acceptable excuse.