



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Pharmacy**  
 110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11927 • Columbia • SC 29211-1927  
 Phone: 803-896-4700 • [Contactllr@llr.sc.gov](mailto:Contactllr@llr.sc.gov) • Fax: 803-896-4596  
[www.llr.sc.gov/POL/Pharmacy/](http://www.llr.sc.gov/POL/Pharmacy/)



**NOTIFICATION OF EMPLOYMENT**

This form is for internship hours worked in South Carolina only.

*SC Code 40-43-85(A) An intern shall notify the Board of Pharmacy within ten days after the beginning and again within ten days after the ending of each and every calendar year, if the intern is employed, and within ten days after the beginning of each new employment and within ten days after the ending of each employment, on forms provided by the board, of the identity of the internship site and of the designated pharmacist. This form must be certified by the designated pharmacist. The pharmacy intern is responsible for the submission of the appropriate forms within the time limits as set.*

**To be completed by Pharmacist:** I hereby certify that I am a licensed pharmacist in the State of South Carolina 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 \_\_\_\_\_ at \_\_\_\_\_  
Date Name of Pharmacy

Pharmacy address \_\_\_\_\_ City & State \_\_\_\_\_ zipcode \_\_\_\_\_  
 with permit number \_\_\_\_\_. Pharmacy Phone# \_\_\_\_\_

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 thereunder.

\_\_\_\_\_  
Date Supervising Pharmacist signature

**To be completed by Intern:** I hereby certify that I began employment under the personal supervision, direction and instruction of \_\_\_\_\_  
Supervising pharmacist  
 at \_\_\_\_\_ in the practice of pharmacy on \_\_\_\_\_.  
Name of pharmacy, site or program Date

\_\_\_\_\_  
Date Intern signature

My Intern certificate number is \_\_\_\_\_

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

Do not fax this form. This form must be completed and mailed, or hand-delivered, to the Board:

1. Within 10 days of beginning of each new employment as an Intern.
2. Within 10 days of the beginning of each new year.
3. Within 10 days after transfer within the same company or floating with the same company.

**It is the sole responsibility of the Intern to insure that this Notification form 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. Credit for hours worked will not be given if a Notification form is not on file for each location at the beginning of each year.**