



South African Pharmacy Council

Form is valid for
2020 only

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please note that delays may occur in the processing by Council of applications, which are **incomplete**.

Please use black ink and complete in BLOCK CAPITALS . Return to: The Registrar, South African Pharmacy Council		Office Use Only							
SECTION A: APPLICANT'S PERSONAL PARTICULARS									
Surname/last name	<input type="text"/>	Acc. No. P <input type="text"/>							
Title	<input type="text"/> Initials (first names) <input type="text"/>	Reg. No. S <input type="text"/>							
First names in full	<input type="text"/>	Tutor Approval:							
Identity number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	From: <input type="text"/> / <input type="text"/> / <input type="text"/>							
Date of birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>							
Gender and race (refer note A)	<table border="1"> <tr> <td>Male</td> <td>Female</td> <td>Race</td> <td>Asian</td> <td>Black</td> <td>Coloured</td> <td>White</td> </tr> </table>	Male	Female	Race	Asian	Black	Coloured	White	Documentation/Fees Received:
Male	Female	Race	Asian	Black	Coloured	White			
Postal address (refer notes B and C)	<input type="text"/>	Applic. <input type="text"/> / <input type="text"/> / <input type="text"/>							
	Postal code <input type="text"/>	Contract <input type="text"/> / <input type="text"/> / <input type="text"/>							
Physical address (refer note C)	<input type="text"/>	Fee(s) <input type="text"/> / <input type="text"/> / <input type="text"/>							
	Street code <input type="text"/>	BPharm. <input type="text"/> / <input type="text"/> / <input type="text"/>							
Courier address (refer note C)	<input type="text"/>	Academic Interns							
	Street code <input type="text"/>	Research <input type="text"/> / <input type="text"/> / <input type="text"/>							
Provider of qualification (University)	<input type="text"/>	M.Sc <input type="text"/> / <input type="text"/> / <input type="text"/>							
Cell number	<input type="text"/>	Foreign citizens							
Work telephone number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	DOH Let <input type="text"/> / <input type="text"/> / <input type="text"/>							
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>								
E-mail address	<input type="text"/>								
SECTION B: INTERNSHIP PARTICULARS									
Name of pharmacy/institution	<input type="text"/>	Envisaged commencement date							
Pharmacy registration no:	Y <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>							
Sector of pharmacy	<table border="1"> <tr> <td>Private Sector</td> <td>Public Sector</td> </tr> </table>	Private Sector	Public Sector	Actual registration date					
Private Sector	Public Sector								
Branch of pharmacy	<table border="1"> <tr> <td>Institutional (hospital)</td> <td>Community</td> <td>Manufacturing</td> <td>Academic</td> </tr> </table>	Institutional (hospital)	Community	Manufacturing	Academic	<input type="text"/> / <input type="text"/> / <input type="text"/>			
Institutional (hospital)	Community	Manufacturing	Academic						
Tutor registration no:	<input type="text"/> Tutor account no: (if available) P <input type="text"/>	Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.							
Tutor surname/last name	<input type="text"/>	Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address.							
Tutor title	<input type="text"/> Tutor initials <input type="text"/>	Note C: A change of address must be submitted to the registrar within 30 days of such change.							
Tutor's registered postal address (refer note D)	<input type="text"/>	Note D: This does not serve as notice of change of address of the tutor.							
	Postal code <input type="text"/>								

Applicant Signature _____

Date _____



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Qualification completion date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Envisaged date of commencement (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: PARTICULARS OF 400 HOURS OF PRACTICAL TRAINING (ACADEMIC INTERNS AND INTERNS IN MANUFACTURING PHARMACY ONLY)

Name of pharmacy	<input type="text"/>															
Pharmacy registration no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sector of pharmacy	Private Sector								Public Sector							
Branch of pharmacy	Institutional (hospital)				Community											
Supervising pharmacist registration no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Supervising pharmacist acc no: (if available)	<input type="text"/>					
Supervising pharmacist surname/last name	<input type="text"/>															
Supervising pharmacist title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Supervising pharmacist initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Office Use Only

Attach photograph here

SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:	Mark with a ✓
a) a certified copy of my identity document or passport (refer notes E and F)	<input type="checkbox"/>
b) a copy of the tutor approval certificate	<input type="checkbox"/>
c) a recent colour photograph of myself (passport size) – attached alongside	<input type="checkbox"/>
d) the original signed SAPC internship contract entered into by and between myself and the tutor specified in Section B	<input type="checkbox"/>
e) a delegation form (if actual practical training is delegated to a pharmacist other than the tutor specified in Section B)	<input type="checkbox"/>
f) evidence that the applicant has complied with the requirements of a qualification in pharmacy (BPharm degree) may be submitted by the provider of qualification (university) OR a certified copy of the qualification in pharmacy (BPharm degree)	<input type="checkbox"/>
g) documentary evidence that I have registered with a provider of qualification in pharmacy (university) for a course in study which will lead to at least a master's degree (academic interns only)	<input type="checkbox"/>
h) full particulars of the proposed post-graduate study or research to be undertaken (academic interns only)	<input type="checkbox"/>
i) a copy of an endorsement certificate from NDoH foreign workforce (foreign graduates only)	<input type="checkbox"/>
j) registration fee – R2, 476.00 (VAT incl.) (refer note G)	<input type="checkbox"/>

Note E: A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.

Note F: Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.

Note G: Fees are subject to change without further notification.

SECTION E: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- I herewith include all the applicable documentation/fees mentioned in Section D above;
- I will have completed successfully a qualification in pharmacy (BPharm degree) by the envisaged date of commencement of my internship;
- I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
- the information furnished herewith is true and correct.

Applicant's Signature: _____ Application Date: / /

SECTION F: DECLARATION BY COMMISSIONER OF OATHS

Applicant Signature _____

Date _____



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<p>The abovementioned was SIGNED and SWORN TO before me at _____ (place)</p> <p>on this ____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p>SIGNATURE OF COMMISSIONER OF OATHS _____</p>	<p style="text-align: center;">STAMP (Compulsory)</p> <p style="text-align: center;"><small>(Full names, capacity, address and contact details of Commissioner of Oaths)</small></p>
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PLEASE NOTE:

Kindly fax or e-mail your scanned applications to our customer service

Note that this application is valid for 60 days from date of receipt by the Office of the Registrar. Should you fail to submit all the required supporting documentation and fees/proof of payment of fees within 60 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited

Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)

Cash, postal orders and cheques will not be accepted with any application form.

South African Pharmacy Council has a policy of zero tolerance to fraud and corruption. All fraud and corruption cases detected or reported will be investigated and perpetrators will be prosecuted accordingly

Applicant Signature _____

Date _____