



South African
Pharmacy Council

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Form is valid for
2026 only

APPLICATION FOR REGISTRATION AS AN ASSESSOR /MODERATOR IN TERMS OF THE PHARMACY ACT 53 OF 1974

<p>Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council</p> <p>SECTION A: PARTICULARS OF THE PHARMACIST DESIRING REGISTRATION AS AN ASSESSOR/MODERATOR</p>		Office Use Only
Pharmacy Council registration no:		Pharmacy Council acc no: (if available) <input type="text" value="P"/>
Surname/last name <input type="text"/>		
Title <input type="text"/>	Initials (first names) <input type="text"/>	
Type of assessor <input type="text"/>	Assessor <input type="text"/> Moderator <input type="text"/>	
First names in full <input type="text"/>		
Identity number <input type="text"/>		
Courier address (refer note A) <input type="text"/>		
Postal code <input type="text"/>		
Contact telephone number <input type="text"/>		
Fax number <input type="text"/>		
Cell number <input type="text"/>		
E-mail address <input type="text"/>		
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES		
I, the above applicant, submit the following in support of my application:		Mark with a <input type="checkbox"/>
a) a copy of certificate of competence as an assessor/moderator <input type="checkbox"/>		<input type="checkbox"/>
b) Copy of identity document <input type="checkbox"/>		<input type="checkbox"/>
registration fee – assessor (payable with this application for registration) R1302.00 <input type="checkbox"/>		<input type="checkbox"/>
c) annual fee – assessor (payable with this application for registration) R470.00 <input type="checkbox"/>		<input type="checkbox"/>
d) R1302.00 registration fee – moderator (payable with this application for registration) <input type="checkbox"/>		<input type="checkbox"/>
e) R470.00 annual fee – moderator (payable with this application for registration) <input type="checkbox"/>		<input type="checkbox"/>
SECTION C: DECLARATION BY APPLICANT		
I, the above applicant, declare that:		
a) I herewith include all the documentation/fees mentioned in Section B above; <input type="checkbox"/>		
b) I am the person to whom the above qualification was awarded; <input type="checkbox"/>		
c) I comply with the requirements for registration as a specialist; and <input type="checkbox"/>		
d) the information furnished herewith is true and correct. <input type="checkbox"/>		
Applicant's Signature: <input type="text"/>		Application Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>

PLEASE NOTE:

1. 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
2. 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)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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.