South African Pharmacy Council
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

Form is valid for **2026** only

APPLICATION FOR EVALUATION OF CREDENTIALS FOR APPLICANTS DESIRING REGISTRATION IN PHARMACY WITH A QUALIFICATION OBTAINED OUTSIDE THE REPUBLIC IN TERMS OF THE PHARMACY ACT 53 of 1974

(NON-SOUTH AFRICAN CITIZENS)

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

Title | Initials (first names)

First names in full

Identity document no. - - -

Date of birth D D / M M / Y Y Y Y

Gender and race **(refer note A)** Male | Female | Race: Asian | Black | Coloured | White

Postal address
(refer notes B and C)
Postal code

Physical address
(refer note C)
Street code

Cell number

Other contact number

Fax number ( ) -

E-mail address

Endorsement letter attached Yes | No

Expiry date of the endorsement letter

Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.

Note B: The postal address furnished herewith shall be deemed to be the applicant's **registered** address.

Note C: A change of address must be submitted to the registrar within 30 days of such change.

Note D: The applicant must have proof of registration as a Pharmacy Support Personnel with the regulatory body or proof that qualification obtained allows for registration as a Pharmacy Support Personnel in the country in which the qualification was obtained.

SECTION B: QUALIFICATION IN PHARMACY/ CURRENT REGISTRATION

Qualification (degree/diploma) in pharmacy

Date on which above qualification was obtained D D / M M / Y Y Y Y

Institution from which above qualification was obtained

Country in which above qualification was obtained

Council/Board or other registering authority with which applicant is currently registered **(refer note D)**

Continued . . . /2

Signature_____ Date_____

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APPLICATION FOR EVALUATION OF CREDENTIALS. . . (CONTINUED)

SECTION C: RECORD OF PRACTICAL TRAINING AS A PHARMACY SUPPORT PERSONNEL

Name and Address of institution	From	To
1.	DD / MM / YYYY	DD / MM / YYYY
2.	DD / MM / YYYY	DD / MM / YYYY
3.	DD / MM / YYYY	DD / MM / YYYY
4.	DD / MM / YYYY	DD / MM / YYYY
5.	DD / MM / YYYY	DD / MM / YYYY

SECTION D: SUPPORTING DOCUMENTATION (TO BE SUBMITTED DIRECTLY TO COUNCIL BY THE APPROPRIATE AUTHORITY)

a) Mapping instrument for evaluation of foreign qualification (Bachelor of Pharmacy or equivalent). Click here to download the application form.

b) an **original** letter of confirmation from the institution where the above qualification was obtained stating that the above applicant was enrolled as a student and qualified at that institution

c) an **original** Letter of Good Standing issued by the regulatory body of the country in which the above qualification was obtained or the institution where the qualification was obtained **(refer note D)**

d) Information regarding the **syallabus and curriculum** of the degree/diploma in pharmacy stamped and submitted by the institution where training was undertaken; information required for verification

SECTION E: SUPPORTING DOCUMENTATION AND APPLICABLE FEES TO BE SUBMITTED BY THE APPLICANT WITH THIS APPLICATION

I, the above applicant, submit the following in support of my application:	Mark with a ✓
a) a **certified** copy of my passport **(refer notes E and F)**	
b) a recent colour photograph of myself (passport size) – attached alongside	
c) a **certified** copy of the degree/diploma **(refer note E)**	
(d) the **original** certificate of an evaluation of the qualification from the South African Qualifications Authority (SAQA) in Pretoria	
f) documentary proof of having completed at least **12 months practical training prior** to registering as a Pharmacy Support Personnel	
g) a **certified** copy of proof of current registration as a Pharmacy Support Personnel with the regulatory body or proof that qualification obtained allows for registration as a Pharmacy Support Personnel in the country in which the qualification was obtained (refer notes D and E)	
h) a **certified** copy of a letter of support stating that the candidate may apply to sit for the Council exams issued by the National Department of Health	
i) a currently valid English Language Proficiency test certificate (IELTS general training only)	

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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) or attached qualify-cation (Section B) 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.

Attach photograph here

Signature_____ Date_____

j) proof of **work experience post registration as a Pharmacy Support Personnel**		
k) Police clearance from country of origin		
l) Police clearance from the South African Police Services (SAPS) if candidate has been in South Africa for more than two years		
m) Evaluation of Credentials of Foreign Graduates fee – **R21, 964.00** (VAT incl.)		

SECTION F: DECLARATION BY APPLICANT — **Office Use Only**

I, the above applicant, declare that:

a) I herewith include all the applicable documentation/fees mentioned in Section E above;

b) I am the person mentioned in the accompanying degree/diploma;

c) the said degree/diploma was granted to me and is my own lawful property;

d) I have never in any country been convicted of any serious offence against the law or been debarred from practice by reason of misconduct and that to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country;

e) I have entered the Republic of South Africa on a valid permit issued by the Department of Home Affairs; and

f) the information furnished herewith is true and correct.

Applicant's Signature: _____ **Application Date:** D D / M M / Y Y Y Y

SECTION G: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at _____
(place)

on this _____day of _____in the year _____, the deponent (applicant) having

acknowledged that he/she knows and understands the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS _____

STAMP
(Compulsory)

(Full names, capacity, address and contact details of Commissioner of Oaths)

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***
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.**

Signature_____ Date_____