



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

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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 (for 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		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 pharmacist with the regulatory body or proof that qualification obtained allows for registration as a pharmacist in the country in which the qualification was obtained	
Title	Initials (first names)		
First names in full			
Identity document no.	- - -		
Date of birth	/ /		
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			
SECTION B: QUALIFICATION IN PHARMACY/ CURRENT REGISTRATION			
Qualification (degree/diploma) in pharmacy			
Date on which above qualification was obtained	/ /		
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 _____

APPLICATION FOR EVALUATION OF CREDENTIALS. . . (CONTINUED)

SECTION C: RECORD OF PRACTICAL TRAINING AS A PHARMACIST			Office Use Only
Name and Address of institution	From	To	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 qualification (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.
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.			
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 Mapping instrument. 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 syllabus 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 ✓	Attach photograph here
a) a certified copy of my identity document (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 pharmacist		☐	
g) a certified copy of proof of registration as a pharmacist with the regulatory body or proof that the qualification obtained allows for registration in the country in which the qualification was obtained (refer notes D and E)		☐	
h) a currently valid English Language Proficiency test certificate (IELTS, general training only), except for South African citizens who obtained secondary education in SA (certified copy of national senior certificate or equivalent)		☐	
i) Police clearance from the South African Police Services (SAPS)		☐	
j) Evaluation of Credentials of Foreign Graduates fee – R11, 171.00 (VAT incl.)		☐	

Signature _____

Date _____



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APPLICATION FOR EVALUATION OF CREDENTIALS ... (CONTINUED)

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) the information furnished herewith is true and correct. Applicant's Signature: _____ Application Date: <table border="1"><tr><td>DD</td><td>/</td><td>MM</td><td>/</td><td>YYYY</td></tr></table>	DD	/	MM	/	YYYY	
DD	/	MM	/	YYYY		
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 _____