



South African Pharmacy Council

South African Pharmacy Council

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

Form is valid for
2026 only

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APPLICATION: FORMER B PHARM STUDENT REGISTRATION AS A PHARMACIST'S ASSISTANT (LEARNER BASIC OR PHARMACIST'S ASSISTANT (LEARNER POST-BASIC) FOR RECOGNITION OF PRIOR LEARNING

Please use black ink and complete in BLOCK CAPITALS.

Return to: The Registrar, South African Pharmacy Council, to the postal address above

SECTION A: APPLICANT'S PERSONAL PARTICULARS

University's registration number	Council account number?	P
Application for registration as:		
Pharmacist's Assistant (Learner Basic) P20 Pharmacist's Assistant (Learner Post-Basic) P22		
Surname/last name		
Title Initials (first names)		
First names in full		
Identity number		
DD / MM / YY YY YY		
Gender and race (refer note A)		
Male Female Race Asian Black Coloured White		
Courier address		
(Refer notes B and C)		
Postal code		
Physical address		
(Refer note C)		
Street code		
Cell number		
Home number		
Work telephone number () -		
E-mail address		

Note A:

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

Note B:

The courier address furnished herewith shall be deemed to be the applicant's **registered address** all correspondence and certificates will be couriered to this address

Note C:

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

SECTION B: TRAINING PARTICULARS OF PHARMACY, RESPONSIBLE PHARMACIST AND SUPERVISING PHARMACIST

Name of pharmacy/institution where supervising pharmacist and RP are situated (Refer note D)				
Pharmacy registration no:	Y			
Sector of pharmacy	Private Sector	Public Sector		
Branch of pharmacy	Institutional (hospital)	Community	Manufacturing	Wholesale
Responsible Pharmacist (RP) Pharmacy Council registration no :	Pharmacist's account no: (if available) P			
RP surname/last name				
RP title	RP initials			
RP's registered postal address (Refer note E)	Postal code			
RP's Signature:	Application Date: DD / MM / YY YY YY			

Note D: Council must approve the pharmacy for purposes of training before the assistant will be registered with Council.

Signature _____

Date _____



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Supervising Pharmacist surname/last name			P-Number: <input type="text" value="P"/>	<p>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.</p> <p>Note F: Fees are subject to change without further notification</p> <p>Note G: Supervising pharmacist will act as a tutor, however the learner will not affect the tutor capacity. Only one supervising pharmacist is linked to the learner, other supervising pharmacists in other sectors are able to complete the progress reports for learner.</p>	
Supervising Pharmacist title	<input type="text"/>	Supervising Pharmacist initials	<input type="text"/>		
(Refer note G)					
SECTION B: CONTINUED					
Previous Provider with whom registered for a Bachelor of Pharmacy qualification in pharmacy					
SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES					
I, the above applicant, submit the following in support of my application:				Mark with a <input checked="" type="checkbox"/>	
(a) A <u>certified</u> copy of my identity document or passport (Refer note E)	<input type="checkbox"/>				
(b) A <u>certified</u> copy of my academic record up to the last enrolment year;	<input type="checkbox"/>				
(c) A <u>registration fee</u> – pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic) R2 761.00 (VAT incl.) - payable with the application (Refer note F).	<input type="checkbox"/>				
(d) An <u>annual fee</u> – pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic): R298.00 (VAT incl.) - (Refer notes F)	<input type="checkbox"/>				
SECTION D: DECLARATION BY APPLICANT					
I, the above applicant, declare that:					
(a) I herewith include all the applicable documentation/fees mentioned in Section C above;					
(b) I comply with the requirements for registration as a pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic);					
(c) I have not been found guilty of any offense under the Pharmacy Act, 1974, as amended; and					
(d) The information furnished herewith is true and correct.					
Applicant's Signature: _____	Application Date: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY				

SECTION E: 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.				
STAMP (Compulsory) (Full names, capacity, address and contact details of Commissioner of Oaths)				

SIGNATURE OF COMMISSIONER OF OATHS				
SAPC Electronic Payment Details (If not yet captured on Council's financial system)				
Name of Beneficiary	South African Pharmacy Council			
Name of Bank	Standard Bank of South Africa			
Account type	Cheque account			
Branch Code	0	1	0	1
Beneficiary Account number	0	1	1	8
Beneficiary Reference	Your account number ** with SAPC and surname & initials.			

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.

Signature _____

Date _____