



South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; E-mail: customer@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	<input type="text"/>	Council account number?	<input type="text" value="P"/>
Application for registration as:	Pharmacist's Assistant (Learner Basic) P20	Pharmacist's Assistant (Learner Post-Basic) P22	
Surname/last name	<input type="text"/>		
Title	<input type="text"/>	Initials (first names)	<input type="text"/>
First names in full	<input type="text"/>		
Identity number	<input type="text"/>		
Date of birth	<input type="text" value="DD/MM/YYYY"/>		
Gender and race (refer note A)	Male	Female	Race Asian Black Coloured White
Courier address (Refer notes B and C)	<input type="text"/>		
Physical address (Refer note C)	<input type="text"/>		
Cell number	<input type="text"/>		
Home number	<input type="text"/>		
Work telephone number	<input type="text" value="() -"/>		
E-mail address	<input type="text"/>		

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)	<input type="text"/>		
Pharmacy registration no:	<input type="text" value="Y"/>		
Sector of pharmacy	Private Sector	Public Sector	
Branch of pharmacy	Institutional (hospital)	Community	Manufacturing Wholesale
Responsible Pharmacist (RP) Pharmacy Council registration no :	<input type="text"/>	Pharmacist's account no: (if available)	<input type="text" value="P"/>
RP surname/last name	<input type="text"/>		
RP title	<input type="text"/>	RP initials	<input type="text"/>
RP's registered postal address (Refer note E)	<input type="text"/>		
RP's Signature:	Application Date: <input type="text" value="DD/MM/YYYY"/>		

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:	
Supervising Pharmacist title		Supervising Pharmacist initials	

(Refer note G)

SECTION B: CONTINUED

Previous Provider with whom registered for a Bachelor of Pharmacy qualification in pharmacy	
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SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application:

(a) A certified copy of my identity document or passport (Refer note E)	Mark with a ✓	
(b) A certified copy of my academic record up to the last enrolment year;		
(c) A registration fee – pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic) R2 761.00 (VAT incl.) - payable with the application (Refer note F) .		
(d) An annual fee – pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic): R298.00 (VAT incl.) - (Refer notes F)		

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:** DD / MM / 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.

SIGNATURE OF COMMISSIONER OF OATHS _____

STAMP
(Compulsory)
(Full names, capacity, address and contact details 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 4 5
Beneficiary Account number	0 1 1 8 5 8 6 6
Beneficiary Reference	Your account number ** with SAPC and surname & initials.

PLEASE NOTE:

- 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.

Signature _____

Date _____