



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 ADMISSION TO THE PROFESSIONAL EXAMINATIONS IN TERMS OF THE PHARMACY ACT 53 of 1974

All examinations will be written online. The venue is to be confirmed 2 weeks before the examination date.

SECTION A: PARTICULARS OF THE APPLICANT

Full name(s) of the applicant																
Surname of the applicant																
Pharmacist registration no.						Pharmacist account no. (if available)	P									
Postal address																
											Postal code					
Physical address																
											Street code					
Cell number																
Home number																
Work number																
Fax number	() -															
E-mail address																

Discipline	Date	Choice	Date	Choice
Applied Pharmacy Practice in a Legal Framework	18 May 2026		28 September 2026	
Applied Pharmaceutics and Pharmaceutical Chemistry	20 May 2026		30 October 2026	
Applied Pharmacology and Toxicology	22 May 2026		02 October 2026	

NB: The professional examination dates are subject to change.

Examination venue

Home/Remote	
Work/Remote	
SAPC Offices, 591 Belvedere Street, Pretoria	
Other (please specify)	

SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

- a) Examination fee (per paper) – **R4 677,00** (Provide proof)
- b) a certified copy of the letter of support for writing the examinations issued by the National Department of Health (non-South Africans only)
- c) SAPC decision letter
- d) Latest examination results (if applicable)

SECTION D: DECLARATION BY APPLICANT

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR



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I, the above applicant, declare that:

- a) I herewith include the applicable fee(s) mentioned in Section C above;
- b) the information furnished herewith is true and correct.

Applicant's Signature: _____ **Date:** DD / MM / YYYY

PLEASE NOTE:

1. Kindly fax or e-mail your applications to customer service
2. Note that 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
3. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees.
4. Cash, postal orders and cheques will not be accepted with any application form.
5. 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 according.

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