



South African Pharmacy Council591 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

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						
Surfame of the applicant	Dharmasist as	account no				
Pharmacist registration no.	Pharmacist account no. (if available)					
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 2025		28 September 2025		
Applied Pharmaceutics and Pharmaceutical Chemistry		20 May 2025		30 September 2025		
Applied Pharmacology and Toxicology		22 May 2025		02 October 2025		
NB: The professional examination dates are subject to change.						
Examination venue Home/Remote						
Work/Remote						
SAPC Offices, 591 Belvedere Street, Pretoria						
Other (please specify)						
	DOCUMENTATION AND APPL					
I, the above applicant, submit the f	following in support of this applicat	tion:				
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						





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

I, the above applicant, declare that:				
a)	a) I herewith include the applicable fee(s) mentioned in Section C above;			
b)	b) the information furnished herewith is true and correct.			
Applicant's Signature:				

- 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 with a spiciation with a policiation with a policiation that projection 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.