

The South African Pharmacy Council

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NDOH and SAPC license application User/Applicant manual

1. New username and password request.

Go to <u>www.sapc.za.org</u> and click the **[Members of the Public]** tab on the main menu of the website. Select **[Apply for Pharmacy License]** page (fig.1.1).





Enter an email address to where the password should be sent and click the [**Next**] button (fig.1.2). If there is already a username and password associated with the email address entered, an option will be available to resend the username and password (fig.1.3).

Fig.1.2



(username and password)

Please enter your email address below and click the **[Next]** button. Applications for all categories for the licence are made to the Director-Health, who may issue or refuse such licence on such conditions as he or she may deem fit. To own a Manufacturing or Wholesale pharmacies, there are additional requirements by South African Health Products Regulatory Authority, and an additional licence is issued by the Authority. All applications for licence are evaluated by the SAPC for GPP compliant before a licence is issued.

Email Addr	ress
shane@an	inotations.co.za
Next	

Fig. 1.3



Password Exists

A password for shane@annotations.co.za already exists.Click the [Send Password] button below re-send your username and password. If you are experiencing a problem logging in with your existing username and password, please contact the SAPC.



For a new username and password, complete all required fields on [Apply for Pharmacy License (username and password)] screen. Click the [Create Password] button (fig.1.4). Fig.1.5 message will be displayed when a username and password is successfully created. Login to your email account to retrieve your login details (fig.1.6).

Fig.1.4

ssword Request	
;er Name	Email Address
ames@annotations.co.za	james@annotations.co.za
itle	First Name
Mr	✓ James
urname	Id/Passport Number
May	PW112369P
lell	BusinessNumber
0737855512	0437411306
Address Line 1	Address Line 2
37 Rid Road	Bangolos
Address Line 3	Postal Code
JHB	1500
1.5	Create Password
South African Pharmacy Council About SAPC	Registered Persons Registered Organisations Members of the Public Login

Apply for Pharmacy Licence

Password sent successfully.

Group Owner Login Details

info@sapc.za.org

Today at 10:41 AM 👘

To shane.knock@yahoo.com

Dear Shane Knock

Please find your username and password for SAPC Group Owner below. Click Here to login.

Username:	shane.knock
Password:	xTkCYn

Thank you. South African Pharmacy Council

Reply, Reply All or Forward | More

2. Apply for a new pharmacy license.

Go to <u>www.sapc.za.org</u> and click [Login] button and then the [Group Owner Login] page of the SAPC website (fig.2.1). Enter a username, password and click the [Enter] button(fig.2.2). On a successful login you will be redirected to the secure site dashboard screen (fig.2.3).

Fig.2.1



Fig.2.2

South African Pharmacy Council	About SAPC Registered Persons Registered Organisations Me	mbers of the Public Login
	Group Owner Login	\diamond
User Name		
craig@e2.co.za		
Password		
Enter		

To enter a new pharmacy license application, either click the [**My Pharmacies**] tab on the main menu or the [**view/update your pharmacies**] link/image button found in the content of the dashboard page (fig.2.3).

Fig.2.3.



Under [**My Pharmacies**] tab- locate the [**NDOH Pharmacy License Applications**] block and click the [**New Pharmacy**] link option (fig.2.4). This will redirect to the new pharmacy license page where all application information can be entered and submitted both to the NDOH and SAPC (fig.2.5).

NB: No application will be able to be submitted until all 6 sections are completed

Fig.2.4.



Fig.2.5

A Department: Health REPUBLIC OF SOUTH AFRICA	PPLICATION FOR PHA SECTION 22 OF	RMACY PREMISES LICENCE THE PHARMACY ACT 53 O	E IN TERMS OF F 1974
		Click Here for general information and	check list.
No application will be able to be submi	ted until all 6 sections	are completed	
1. Premises 2. Responsible Pharmacis Submit 1. Submit	3. Owner Details	4. Documents 5. Questiona	airre 6. Services and Activities
Trading Title Shanes Pharmacy	Alternative Title Kn	ocks Pharmacy	
Premises Addresses			
Physical	Postal		Courier

I. Premises

NB: No other section of the application can be completed until the [**Premises**] information has been entered and saved.

Enter all required fields under the [**Premises**] tab and click the [**Save**] button on the bottom right hand side of the screen (fig.3.1). A message will be displayed once successfully saved (fig.3.2). At this point the system can be exited and the rest of the application completed at a later stage. To continue with an application- Under [**My Pharmacies**] tab- locate the [**NDOH Pharmacy License Applications**] and click the [**My License Application List**] link (fig2.4). A list of all un-submitted application will be displayed. Clicking the [**Select**] link on the grid will redirect to the license application information page (fig.2.5).

Fig.3.1

Physical	Postal	Courier
18 Minute Road	BOX 47	18 Minute Road
Hillcrest	Hillcrest	Hillcrest
Cape Town	Cape Town	Cape Town
1700	1700	1700
GPS Coordinates	Classific	cation/Category of Pharmacy
Click Here to go Google maps.	Classifi	cation/Category Community Pharmacy
E V 123 Degrees 45 Mi	nutes 55 Seconds	
W V 123 Degrees 45 Mi	nutes 55 Seconds	

Fig.3.2



II. Responsible Pharmacist (RP)

Search the appointed RP using their "P" number registered with the SAPC. Enter the "P" number in the search text box provided and click the [**Search**] button. A summary of the RP details will appear under the [**Search Results**] section. Click the [**Add RP**] button to save the RP information. On a successful addition the RP information will appear under the [**Responsible Pharmacist Details**] section of the screen. If the "P" number is unknown/not found- Use the "Click Here" link to search the SAPC register (Fig.4.1).

1. Premises	2. Responsible Pharmacist	3. Owner Details	4. Documents	5. Questionairre	6. Services and Activities
Submit					
.B: Using a "P" r	number ,search only Registered-A	ctive Pharmacist/Commu	nity Service Pharmaci	st or <mark>Click Here</mark> to searc	h the SAPC register.
earch:	P99998	Search			
Search Result	ts				
P Number:	P99998				
Name : !	Mr. E2 Solutions TEST				
Role Type : 1	Pharmacist				
Add RP					
sponsible Pha	rmacist Details				
Number		P99998			
0000		Mr. E2 Solutions TE	ST		

Fig.4.1

III. Owner Details

In some cases, the owner information might already exist on the SAPC register. In this circumstancesearch the owner information by entering the CK (company no.)/National ID number (Sole Trader) in the text box provided and click the [**Search**] button. If the owner is found- information will automatically populate- enter all missing information and click the [**Save**] button at the bottom right of the screen. A message will be displayed on a successful save (fig.4.2). The owner details will be displayed on the owner list (fig4.4).

1. Premises	2. Responsible Pharmacist	3. Owner Details	4. Documents	5. Questionairre	6. Services and Activities	
Submit						
f details of the Clos National ID number	e Corporation or Limited Company for sole Proprietor or select an [Ov	already exist with the SA wner Type] to add new o	APC, please use the [wner details.	Fextbox] below to searc	h and select. Search using CK n	umber ,
Owner Search :	2014/181513/000				Search	
No owner listed ! In order to add mo Owner Type	re members please select an owne ompany	er type below.				
Name of Company Certificate of Incor	r / Close Corporation Mpanda M poration No. 2014/1815	lultipurpose PTY >				
Addresses						

To enter new owner information, select the [**Owner Type**] from the dropdown list provided and complete the required fields on the form (fig.4.3). Click the [**Save**] button at the bottom right of the screen. A message will be displayed on a successful save. The owner details will be displayed on the owner list (fig4.4).

Fig.4.3

Name of Company / Close Corporation Mpa	nda Multipurpose PTY	
Certificate of Incorporation No. 2014	/181513/07	
ddresses		
Physical	Postal	Domicilium citandi et exuctandi 🕅
1788 Section	1788 Section	1788 Section
Botshabelo	Botshabelo	Botshabelo
Free State	Free State	Free State ×
	4000	4000

details of the Close Cor ational ID number for so	poration or Limited Co le Proprietor or select	mpany already exist with the SAPC, please use the an [Owner Type] to add new owner details.	e [Textbox] below to search and select. Search using Cł	K number ,
wner Search :	2014/181513/000		Search	
lame	Туре	Postal Address	Domicilium citandi et exuctandi Address	

IV. Documents

To upload supporting documentation- Browse to the file on your computer, select the document type from the [**Outstanding Documents**] dropdown list and click the [**Upload**] button. A message will be displayed on a successful upload and the document will appear on the [**Document List**] grid. To update an already uploaded document, simply delete the document using the [**Delete**] link on the [**Document List**] grid and upload the updated version (fig.4.5)

Fig.4.5

NB : Complete all : (signature + Com	sections of the online application for missioner of oaths) PL02 and PL	m, select pre-populated forms PL01 a 03 only signature required.	nd PL04	Signature	PLO	PLO	PLO	PLO
Upload only once	signed and stamped.			Documents	1	2	3	4
Outstanding	Certified Identity Documer	t of the Applicant(s)	F:\MyDocs\Angle.	pdf Browse.				
Documents :						Upload		
Documents :						Upload	J	
Documents :						Upload		
Documents :						Upload		
Documents :				Use	· [Upload Date		

PL01, PL02, PL03 and PL04

Complete all sections of the online application form, select pre-populated forms **PL01 and PL04 (signature + Commissioner of oaths)**, **PL02 and PL03 only signature required.** Upload only once signed and stamped (fig.4.6).



V. Questionnaire

To complete the questionnaire section- Answer all questions using the "Complies/Does not comply" dropdown options. Once all questions have been answered, click the [**Next**] button at the bottom right hand side of the screen. This will load the next set of questions (fig.4.7), [**General**] being the final section (fig.4.8).

NB: All questions need to be answered "Complies" in order for the [Questionnaire] to comply.

Fig.4.7

e following information must be submitted to Council as proof of compliance with Good Pharmacy Practice for purposes of recommuncil to the National Department of Health for the issuing of a license by the Director-General for a premises wherein or from which tarmacy shall be carried out in terms of the Pharmacy Act 53 of 1974 as amended:	endations made by he business of a
A letter of appointment for the responsible pharmacists; NB. No pharmacist may be a responsible pharmacy for more than one pharmacy	Complies 🗸
A letter of acceptance of the above appointment	Select
Copy of the site plan of the building indicating the location of the pharmacy premises in relation to adjoining or surrounding businesses and cess to and from the premises	Does not comply
Copy of the professionally drawn floor plan indicating the actual layout of the pharmacy premises drawn to scale with exact measurements	Select 🗸
Signed affidavit regarding eligibility, ownership and compliance with standards (must be signed by sole proprietor, all partners of the partnershi members of the Close Corporation, all shareholders of a Private Company and all Directors of a Public Company	p,
n case of a Close Corporation the latest CK2 (as approved)	Select 🗸
n case of a company a copy of the Certificate of Incorporation (Change of name if applicable) and the latest CM29	Select 🗸
f applicable, schedules from the auditors certifying the names of the directors and shareholders	Select 🗸
A bank guaranteed cheque or proof of payment of the license application fee made payable to the SAPC	Select V

INFORMATION RELATING TO COMPLIANCE WITH GOOD PHARMACY PRACTICE TO BE SUBMIITED IN SUPPORT OF AN APPLICATION FOR A LICENSE FOR A PHARMACY PREMISES TO BE ISSUED IN TERMS OF THE REGULATIONS RELATING TO THE OWNERSHIP AND LICENSING OF PHARMACIES PUBLISHED IN TERMS OF THE PHARMACY ACT 53 OF 1974 AS AMENDED				
GENERAL				
The application must be signed and sworn in the presence of a commissioner of oath.				
10. The application must be signed and sworn in the presence of a commissioner of oath.				
Back				

VI. Services and Activities

Enter answers in the text boxes provided and click the [**Save**] button at the bottom right hand side of the screen. Not all answers need to be completed in order to save, but all question need to be answered in order for the section to be complete (Fig.4.9).

Fig.4.9

1. Premises	2. Responsible Pharmacist	3. Owner Details	4. Documents	5. Questionairre	6. Services and Activities		
Submit							
6. The benefit to	6. The benefit to members of the specific community which the pharmacy intends serving						
The benefit	to members of the spec: the provision of services to pers	ific community wh	nich the pharmad	cy intends servin and nature of the avail	ability of pharmaceutical servi	ces in the	
The extent of the provision of services to persons outside the service area and the extent and nature of the availability of pharmaceutical services in the nearby areas							
L					Save		

VII. Submit

All sections need to be complete in order to submit the application both to the NDOH and the SAPC. The **[Submit]** section highlights any incomplete or non-compliant sections (fig.4.9). These will all need to be Complete/Compliant in order to have the **[Proceed to payment]** option (fig.4.9.1).

1. Premises 2. Responsible Pharmacist Submit	3. Owner Details	4. Documents	5. Questionairre	6. Services and Activities
pplication Progress				
Section			Status	
1. Premises			Complete	e
2. Responsible Pharmacist			Complete	e
3. Owner Details			Incompl	ete
4. Documents			Incompl	ete
5. Questionairre			Non Cor	npliant
C. Convision and Activities			Incompl	ete

Fig.4.9.1

1. Premises 2. Responsible Pharmacist	3. Owner Details	4. Documents	5. Questionairre	6. Services and Activities	
Application Progress					
Section				Status	
1. Premises				Complete	
2. Responsible Pharmacist				Complete	
3. Owner Details				Complete	
4. Documents				Complete	
5. Questionairre				Compliant	
6. Services and Activities				Complete	

Submit Application

[**Proceed to payment**] – This will redirect to the online application payment page (Fig.5). Choose a payment type from the options provided and click the [**Next**] button at the bottom right hand side of the screen.

Fig.5

ayment Options	Premise Details		
OCredit Card / Payment Gateway Please note that no approval will be granted until payment confirmation is received from the financial institution. EFFT OEFT / Bank deposit Please note that by paying via EFT or by Direct Deposit, the application cannot be completed unless proof of payment has been uploaded. There may be a lead time of up to 14 days for the final processing of the application in order to complete all processes. Kindly ensure that you use the Y/P number as the beneficiary reference on such deposit or transfer. An Application will not be processed until funds have been cleared. Simon OSID Instant EFT SA's most trusted alternative payment method to credit card. Pay via your trusted Internet Banking facility	Trading Title Alternate Trading Title Category/Classification Physical Address Name : Cell Number : Business Number : Email Address : Click Here to update con	Shanes Pharmacy Knocks Pharmacy Community Pharmacy 18 Minute Road,Hillcrest,Cape Town,1700 Shane Knock 0737855512 0437411306 shane.knock@yahoo.com tact information.	

In this example we have chosen the [EFT] payment option. With this option it is necessary to upload proof of payment before submitting the application. Once proof of payment has been uploaded, click the [**Save**] button at the bottom right hand side of the screen(fig5.1). A message will be displayed on a successful submission (fig.5.2).

Fig 5.1

EFT / Bank Deposit Payment					
Summary					
Application : Pharmacy Premises Application for Licensing					
Cost: R 1000.00					
Please note that by paying via EFT or by Direct Deposit, the app to 14 days for the final processing of the application in order to or deposit or transfer. An Application will not be processed until fur	vlication cannot be completed unless proof of payment has been uploaded. There may be a lead time of up complete all processes. Kindly ensure that you use the Y number as the beneficiary reference on such ids have been cleared.				
Proof Of Payment					
Proof of payment is not compulsory at this stage. However no case will be created until proof of payment has been uploaded using the pending/history application page.					
F:\MyDocs\Angle.pdf Browse					
Back Home	Save				

Fig.5.2

Application submitted successfully !				
Summary				
Application :	Pharmacy Premises Application for Licensing			
Cost :	R 1000.00			
Thank you SAPC Click here	to view history/pending application.			
Back Home				

Developed/Reviewed/Approved					
Name and Designation	Date	Version			
Vuyo Mokoena: Senior Manager Professional Affairs - Practice	September 2016	Version 1			
Signature	Date				