



South African Pharmacy Council

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Form is valid for
2025 only

APPLICATION FOR REGISTRATION AS AN ASSESSOR /MODERATOR IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only						
SECTION A: PARTICULARS OF THE PHARMACIST DESIRING REGISTRATION AS AN ASSESSOR/MODERATOR		Note A: A change of address must be submitted to the registrar within 30 days of such change						
Pharmacy Council registration no:	<input type="text"/>		Pharmacy Council acc no: (if available) <input type="text"/>	<input type="text" value="P"/>				
Surname/last name	<input style="width: 100%;" type="text"/>							
Title	<input type="text"/>		Initials (first names)	<input type="text"/>				
Type of assessor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Assessor</td> <td style="width: 50%; text-align: center;">Moderator</td> </tr> <tr> <td colspan="2" style="height: 20px;"><input type="text"/></td> </tr> </table>			Assessor	Moderator	<input type="text"/>		
Assessor	Moderator							
<input type="text"/>								
First names in full	<input style="width: 100%;" type="text"/>							
Identity number	<input style="width: 100%;" type="text"/>							
Courier address (refer note A)	<input style="width: 100%;" type="text"/>							
	<input style="width: 100%;" type="text"/>							
	Postal code	<input style="width: 100%;" type="text"/>						
Contact telephone number	<input style="width: 100%;" type="text"/>							
Fax number	<input style="width: 100%;" type="text"/>							
Cell number	<input style="width: 100%;" type="text"/>							
E-mail address	<input style="width: 100%;" type="text"/>							
SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES								
I, the above applicant, submit the following in support of my application:		Mark with a ✓						
a)	a copy of certificate of competence as an assessor/moderator	<input type="checkbox"/>						
b)	Copy of identity document	<input type="checkbox"/>						
	registration fee – assessor (payable with this application for registration) R1257.00	<input type="checkbox"/>						
c)	annual fee – assessor (payable with this application for registration) R454.00	<input type="checkbox"/>						
d)	R1257.00 registration fee – moderator (payable with this application for registration)	<input type="checkbox"/>						
e)	R454.00 annual fee – moderator (payable with this application for registration)	<input type="checkbox"/>						
SECTION C: DECLARATION BY APPLICANT								
I, the above applicant, declare that:								
a)	I herewith include all the documentation/fees mentioned in Section B above;							
b)	I am the person to whom the above qualification was awarded;							
c)	I comply with the requirements for registration as a specialist; and							
d)	the information furnished herewith is true and correct.							
Applicant's Signature:	_____	Application Date:	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>					

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.