



**APPLICATION FOR THE ACCREDITATION/APPROVAL OF A COURSE LEADING TO THE OCCUPATIONAL CERTIFICATE: PHARMACIST'S ASSISTANT (BASIC), OCCUPATIONAL CERTIFICATE: PHARMACIST'S ASSISTANT (POST BASIC) AND THE OCCUPATIONAL CERTIFICATE: PHARMACY TECHNICIAN**

1. Name of applicant

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2. Designation of the applicant

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3. Contact details of the applicant (email address and telephone number)

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4. What is the **title** of the course?

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5. State the **purpose** of the course in an outcomes-based format, **e.g.** At the completion of the course the learner will be able to

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6. **Type** of course

NAME OF THE COURSE	FEE FOR APPROVAL OF COURSE	TICK
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**ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR**



Training for Basic Pharmacist's Assistant part qualification	<b>R 114 994.00 (VAT incl)</b>	
Training for Post-Basic Pharmacist's Assistant qualification	<b>R 118 650.00 (VAT incl)</b>	
Training for the Pharmacy Technician qualification	<b>R 124 130.00 (VAT incl)</b>	

7. Is the course **new** or already **existing**?

New course

Existing course

8. State the **entry assumptions** for the course

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**9. SUPPORTING DOCUMENTATION AND APPLICABLE FEES**

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

- (a) a complete accreditation/monitoring visit instrument for Skills Development Providers
- (b) the course material for the learning programme(s) for Basic Pharmacist's Assistant (part qualification) and/or Post-Basic Pharmacist's Assistant and/or Pharmacy Technician
- (c) Relevant supporting documents
- (d) Fee(s) for the approval of a course leading to a qualification

**10. DECLARATION**

I, the above applicant, declare that:

- (a) I herewith include an electronic copy of the applicable documentation and proof of payment of the fee(s) mentioned above;
- (b) I will submit an application for the last part of the Occupational Certificate: Pharmacy Technician within 5 years after approval/ accreditation as a provider for

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**The South African Pharmacy Council**

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Tel: 0861 7272 00; Email: [customercare@sapc.za.org](mailto:customercare@sapc.za.org)

Form is valid for  
**2025** only

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the Basic Pharmacist's Assistant and Post-Basic Pharmacist's Assistant qualifications (if applicable); and

- (c) The information furnished herewith is true and correct.

Applicant's  
signature:

Application Date:

**PLEASE NOTE:**

- (1) Please request a proforma invoice for the fees payable.
- (2) This application is valid for **60 days** from the 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 with this application, the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited.
- (3) Council will evaluate two submissions of a course (i.e. the initial submission and one re-submission), thereafter a fee equal to the application fee will be levied for any subsequent resubmission.
- (4) The Provider is required to ensure that the course material is edited by a language practitioner prior to submission to Council.

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