



South African Pharmacy Council

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Form is valid for
2025 only

APPLICATION FOR REASSESSMENT OF INTERN CPD ENTRIES IN TERMS OF PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above									
SECTION A: APPLICANT'S PERSONAL PARTICULARS									
Council registration number	<input style="width: 95%;" type="text"/>	Council account number	<input style="width: 95%;" type="text" value="P"/>						
Surname/last name	<input style="width: 98%;" type="text"/>								
Title	<input style="width: 30%;" type="text"/>	Initials (first names)	<input style="width: 65%;" type="text"/>						
First names in full	<input style="width: 98%;" type="text"/>								
Identity number/Passport number	<input style="width: 98%;" type="text"/>								
Date of birth	<input style="width: 25%;" type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> White
Courier address	<input style="width: 98%;" type="text"/>								
	<input style="width: 95%;" type="text"/>						Street code	<input style="width: 10%;" type="text"/>	
Cell phone number	<input style="width: 98%;" type="text"/>								
Work telephone number	<input style="width: 98%;" type="text"/>								
Fax telephone number	<input style="width: 98%;" type="text"/>								
E-mail address	<input style="width: 98%;" type="text"/>								
SECTION B: CPD RESULTS RELEASE DATE AND COMPETENCY STANDARD TO BE REMARKED									
CPD results release date									
Domains	Select Competency Standard to be reassessed by ticking with (X)								
1. Public health	1.1	1.2	1.3	1.4	1.5	1.6			
2. Safe and rational use of medicines and medical devices	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	
3. Supply of medicines and medical devices	3.1	3.2	3.3	3.4	3.5	3.6			
4. Organisation and management skills ⁵	4.1	4.2	4.3	4.4	4.5	4.6			
5. Professional and personal practice			5.3						
6. Education, research and critical analysis	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	
SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES									
I, the above applicant, submit the following in support of my application							Mark with a ✓		
CPD entry reassessment fee (per entry) – R316.00 (VAT incl.)									
SECTION D: DECLARATION BY APPLICANT									
I, the above applicant, declare that the information furnished herewith is true and correct.									
Applicant's Signature _____				Date _____					

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 within 60 days of this application the application will be invalid
2. Cash, postal orders and cheques will not be accepted with any application form.
3. 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.