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

Form is valid for **2025** only

APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT POST-BASIC IN TERMS OF THE PHARMACY ACT, 53 OF 1974

(INTERNS WHO HAVE COMPLETED 365 DAYS BUT NOT YET COMPETENT IN THE PRE-REGISTRATION EVALUATION)

Please use black ink and complete in BLOCK CAPITALS.
Return to: The Registrar, South African Pharmacy Council

SECTION A: APPLICANT'S PERSONAL PARTICULARS

P number **P** .

Surname/last name

Title | Initials (first names)

First names in full

Identity number - - -

Date of birth DD / MM / YYYY

Gender and race **(refer note A)** Male | Female | Race: Asian | Black | Coloured | White

Postal address **(refer notes B and C)**

Postal code

Physical address **(refer note C)**

Street code

Cell number

Courier address

Code

Work telephone number **(If applicable)** ( ) -

Fax number **(If applicable)** ( ) -

E-mail address

SECTION B: REASON FOR APPLICATION

Internship contract terminated and not yet successful in the pre-registration examination

SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application: Mark with a ✓

a) documentary evidence that my internship contract has been terminated by my tutor and/or employer and there is no option to extend the contract

b) documentary evidence that I have applied for internship elsewhere and my application was turned down (evidence of application and response from two or more pharmacies);

c) Annual fee: **R711.00** (VAT incl.) payable with application **(refer note E)**

PLEASE NOTE:

Note A: You are requested to furnish gender and race to enable Council to measure transformation in the profession.

Note B: The postal address furnished herewith shall be deemed to be the applicant's **registered** address. **All** correspondence and certificates will be posted to this address.

Note C: A change of address must be submitted to the registrar within 30 days of such change.

Note D: This approval is subject to the following: 1) the intern must have completed the period of at least 365 days practical internship under an approved tutor in an approved pharmacy premises 2) the intern's tutor must have submitted all the required progress reports 3) the intern must have submitted six CPD entries and been successful in all six CPD entries 4) the intern must be unsuccessful in the pre-registration examination.

Note E: Fees are subject to change without further notification.

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SECTION D: DECLARATION BY APPLICANT	
I, the above applicant, declare that: (a) I herewith include all the applicable documentation/fees mentioned in Section C above; (b) I will comply with the requirements for practicing as a pharmacist's assistant (post-basic); (c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and (d) the information furnished herewith is true and correct. **Applicant's Signature:** _____ **Application Date:** DD / MM / YYYY	
SECTION E: DECLARATION BY COMMISSIONER OF OATHS	
The abovementioned declarations were SIGNED and SWORN TO before me at _____ *(place)* on this _____day of _____in the year _____, the deponents (applicant) having acknowledged that they know and understand the contents of this declaration. **SIGNATURE OF COMMISSIONER OF OATHS** _____	**STAMP** (Compulsory) *(Full names, capacity, address and contact details of Commissioner of Oaths)*

SAPC Electronic Payment Details (If not yet captured on Council's financial system)															
Name of Beneficiary	**South African Pharmacy Council**														
Name of Bank	**Standard Bank of South Africa**														
Account type	**Cheque account**														
Branch Code	**0**	**1**	**0**	**1**	**4**	**5**									
Beneficiary Account number	**0**	**1**	**1**	**8**	**8**	**5**	**8**	**6**	**6**						
Beneficiary Reference	***Your account number ** with SAPC and surname & initials.***														

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.**