

South African Pharmacy Council 591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; Tel: 0861 7272 00; E-mail: <u>customercare@sapc.za.org</u>; Website: <u>www.sapc.za.org</u>

## APPLICATION FOR THE REGISTRATION OF A PRIMARY HEALTHCARE CLINIC DISPENSARY OR FACILITY APPROVED BY COUNCIL, IT'S SUPERVISING PHARMACIST AND PHARMACIST'S ASSISTANT (POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974 AS AMENDED

Please u Return to: The Registra	se black ink and complete in BLOCK CAPITALS. r, South African Pharmacy Council, to the postal address above	Office Use Only
SECTION A: PARTICULARS OF T	THE MAIN FACILITY	
Responsible Authority	District Institutional Local Office (Public) government SAPS SANDF Correctional Service	
Type of Facility	Provincial SANDF SAPS Local NGO Other   PHC Sickbay Sickbay government PHC facility	
Full name(s) of owner		
Facility Name		Note A: The physical address
Facility Account Numbers	Y	furnished herewith shall be
Courier Address		deemed to be the applicant's registered address <u>all</u> <u>correspondenc</u>
Depted address	Street code	e and certificates will be couriered to
Postal address (refer note A)		this address
	Postal code	Note B: Fees subject to change without
Physical address (As it appears on the licence and recorded with Council )		further notification
Province	Street code	
Telephone number		
Fax number	()	
E-mail address		
SECTION B: PARTICULARS OF THE BE REGISTERED	DISPENSARY WITHIN A PHC OR FACILITY APPROVED BY COUNCIL TO	
Dispensary / Facility Name		
Postal address		
(refer note A)		
	Postal address	
Physical address		
	Street address	
Telephone number	()	
Fax Number	()	
RP signature	Date	



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# APPLICATION FOR THE REGISTRATION OF A DISPENSARY WITHIN A PRIMARY HEALTHCARE CLINIC OR FACILITY APPROVED BY COUNCIL, CONTINUES .....

SECTION C: PARTICULARS OF TH	IE SUPERVISING PHARMACIST	
Surname/Last Name		
Title	Initials (First Names)	
First Names In Full		
Identity Number OR Passport number Email Address		
Cell number		
Pharmacist Registration No Date of appointment as supervising pharmacist	Pharmacist Account Number	
	IE POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY	
APPROVED BY COU		
Pharmacist Assistant Registration No.	Pharmacist Assistant Account No	
Surname/Last Name		
Title	Initials (First Names)	
First Names In Full		
Identity Number OR Passport number Email Address		
Cell number		
Date of acceptance as a Post Basic pharmacist's assistant for the PHC	D D / M M / Y Y Y	
Iassistant at the above Facility and th published by Council;	(full names), accept the responsibility as a post basic pharmacist's at it will be conducted in accordance with good pharmacy practice guidelines as	
Signature:		
SECTION E: SUPPORTING DOCUM	IENTATION AND APPLICABLE FEES	Office Use Only
I, the above applicant, submit the f	Mark with a $\checkmark$ ollowing in support of this application:	
a) a professionally drawn floor p Rule 2.31;	an in accordance with Rule 1.2 read together with	
b) a copy of the registration certi abovementioned facility	ficate of the Post Basic Pharmacist's Assistant at the	
c) Annual fee – (Payable with e R1069.00 (VAT incl.) (refer r	very application and then 1 July every year thereafter.) tote B)	



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SECT							
l doo	alore thet:						
I, dec	clare that: -						
a)							
b)							
c)							
Superv Signatı							
SECT	TION G: DECLARATION BY COMMISSIONER OF OATHS						
			STAMP (Compulsory)				
The a							
on thi	isday ofin the year, the deponent (applicant) having						
ackno							
SIGN	IATURE OF COMMISSIONER OF OATHS		names, capacity, address and contact details of Commissioner of Oaths)				
SAPC Electronic Payment Details (If not yet captured on Council's financial system)							

SAPC Electronic Payment Details (If not yet captured on Council's financial system)															
Name of Beneficiary	Sou	South African Pharmacy Council													
Name of Bank	Sta	Standard Bank of South Africa													
Account type	Che	Cheque account													
Branch Code	0	1	0	1	4	5									
Beneficiary Account number	0	1	1	8	8	5	8	6	6						
Beneficiary Reference	Υοι	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. 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.

#### Criteria for registration for a primary healthcare clinic dispensary

The following are considered in the evaluation of an application for registration for a primary healthcare clinic dispensary

- (a) The dispensary must be linked to an institutional public pharmacy or local authorities;
- (b) The institutional public pharmacy must have an RP and be recorded with council, local authority must have a pharmacist;
- (c) A dispensary linked to either institutional public pharmacy or local authorities, must have a post basic pharmacist's assistant and a supervising pharmacist;
- (d) A supervising pharmacist may only supervise a maximum of three primary healthcare clinic dispensary

# Provinces or local authorities intending to place a pharmacist in the PHC Dispensary must apply for a licence with DOH and record the facility as a Pharmacy with Council.

RP signature\_\_\_\_\_

Date



#### Reasons why a primary healthcare clinic dispensary may not be registered

- (a) If the institutional public pharmacy is not recorded with Council;
- (b) If there is no RP at the institutional public pharmacy;
- (c) If the supervising pharmacist is already linked to three primary healthcare clinic dispensary;
- (d) If there is no post basic pharmacist's assistant at the primary healthcare clinic dispensary
- (e) If the supervising pharmacist is an RP or tutor at a different facility
- (f) If the primary healthcare clinic dispensary is not linked to a institutional public pharmacy or local authorities
- (g) If either the post basic pharmacist's assistant, RP or supervising pharmacist are erased for any reasons

Annual fees for PHC dispensary shall be payable with every application and then 1 July every year thereafter. Council must be informed at all times about the resignation on any parties involved.