South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org

Form is valid for **2019** only

APPLICATION FOR ADMISSION TO THE PROFESSIONAL EXAMINATIONS IN TERMS OF THE PHARMACY ACT 53 of 1974

All examinations will be written in Pretoria. Venue to be confirmed 2 weeks before the examination date.

SECTION A: PARTICULARS OF THE APPLICANT

Full name(s) of the applicant

Surname of the applicant

Pharmacist registration no.

Pharmacist account no. (if available) P

Postal address

Postal code

Physical address

Street code

Cell number

Home number

Work number

Fax number ( ) -

E-mail address

Discipline	Date	Choice	Date	Choice
Pharmacy Practice & Administration	**03 May 2019**		**25 October 2019**	
Pharmaceutics & Pharmaceutical Chemistry	**06 May 2019**		**28 October 2019**	
Pharmacology & Toxicology	**10 May 2019**		**30 October 2019**	
Pharmacy Law & Ethics	**13 May 2019**		**01 November 2019**	

SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

a) Examination fee (per paper) – **R2, 687.00 (**Provide proof)

b) a certified copy of the letter of support for writing the examinations issued by the National Department of Health

c) SAPC decision letter

SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

a) I herewith include the applicable fee(s) mentioned in Section C above;

b) the information furnished herewith is true and correct.

Applicant's Signature: _____ **Date:** DD / MM / YYYY

PLEASE NOTE:

1. **Kindly fax or e-mail your applications to customer service**
2. Note that 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
3. **Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees.**
4. **Cash, postal orders and cheques will not be accepted with any application form.**
5. **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 prosecutedaccording.**

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR