



## 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](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Form is valid for  
**2021** only

### APPLICATION FOR REGISTRATION AS AN ASSESSOR /MODERATOR IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council	Office Use Only
<b>SECTION A: PARTICULARS OF THE PHARMACIST DESIRING REGISTRATION AS AN ASSESSOR/MODERATOR</b>	
Pharmacy Council registration no: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<b>Note A:</b> A change of address must be submitted to the registrar within 30 days of such change
Pharmacy Council acc no: (if available) <input style="width: 20px; height: 20px;" type="text"/> P <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Surname/last name <input style="width: 100%; height: 20px;" type="text"/>	
Title <input style="width: 30px; height: 20px;" type="text"/> Initials (first names) <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
Type of assessor Assessor <input style="width: 100%; height: 20px;" type="checkbox"/> Moderator <input style="width: 100%; height: 20px;" type="checkbox"/>	
First names in full <input style="width: 100%; height: 20px;" type="text"/>	
Identity number <input style="width: 100%; height: 20px;" type="text"/>	
<b>Courier address (refer note A)</b> <input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/> Postal code <input style="width: 30px; height: 20px;" type="text"/>	
Contact telephone number <input style="width: 100%; height: 20px;" type="text"/>	
Fax number <input style="width: 100%; height: 20px;" type="text"/>	
Cell number <input style="width: 100%; height: 20px;" type="text"/>	
E-mail address <input style="width: 100%; height: 20px;" type="text"/>	
<b>SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>	
I, the above applicant, submit the following in support of my application:	Mark with a ✓
a) a copy of certificate of competence as an assessor/moderator	<input style="width: 30px; height: 20px;" type="checkbox"/>
b) Copy of identity document	<input style="width: 30px; height: 20px;" type="checkbox"/>
registration fee – assessor (payable with this application for registration) <b>R1048.00</b>	<input style="width: 30px; height: 20px;" type="checkbox"/>
c) annual fee – assessor (payable with this application for registration) <b>R378.00</b>	<input style="width: 30px; height: 20px;" type="checkbox"/>
d) <b>R1048.00</b> registration fee – moderator (payable with this application for registration)	<input style="width: 30px; height: 20px;" type="checkbox"/>
e) <b>R378.00</b> annual fee – moderator (payable with this application for registration)	<input style="width: 30px; height: 20px;" type="checkbox"/>
<b>SECTION C: DECLARATION BY APPLICANT</b>	
I, the above applicant, declare that:	
a) I herewith include all the documentation/fees mentioned in Section B above;	
b) I am the person to whom the above qualification was awarded;	
c) I comply with the requirements for registration as a specialist; and	
d) the information furnished herewith is true and correct.	
<b>Applicant's Signature:</b> _____	<b>Application Date:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**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.