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 **2021** only

COMPLETION OF PHARMACEUTICAL COMMUNITY SERVICE

DECLARATION BY PHARMACIST IN CHARGE

I, the undersigned

Title | | | | | Initials (first names) | | | | | Pharmacist account no (if available) | P | | | | | |

Surname/last name

First names in full

Pharmacy Reg no | Y

Pharmacy Name

Province/Authority

Cell number

Work Tel number

Fax number

E-mail address

AS THE PHARMACIST IN CHARGE HEREBY DECLARE THAT –

Title | | | | | Initials (first names) | | | | | Pharmacist account no (if available) | P | | | | | |

Surname/last name

First names in full

ID number

Cell number

WAS REGISTERED AS A PHARMACIST FOR THE PURPOSE OF PERFORMING PHARMACEUTICAL COMMUNITY SERVICES IN TERMS OF THE PHARMACY ACT 1974 AS AMENDED, AND HAS WORKED AT THIS INSTITUTION TO FULFILL HIS/HER STATUTORY 12 MONTHS PHARMACEUTICAL COMMUNITY SERVICE TO THE SATISFACTION OF THE DEPARTMENT/PROVINCE/AUTHORITY

Commencement Date

(The 12 months is calculated from the official registration date with SAPC)

Completion Date

Date:

STAMP

Signature: Pharmacist in Charge

Signature: Head of Pharmaceutical Services

Full names: Head of Pharmaceutical Services

Contact number

Date: