

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

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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 us 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 1	THE MAIN FACILITY	
Responsible Authority	District Institutional Local S A P S SANDF Correctional Office (Public) government S A P S SANDF Service	
Type of Facility	Provincial SANDF SAPS Local NGO Other PHC Sickbay Sickbay government PHC facility	
Full name(s) of owner		
Facility Name		
Facility Account Numbers		
Courier Address		
Postal address (refer note A)	Street code	
	Postal code	<u>Note A:</u> The physical
Physical address (As it appears on the licence and recorded with Council)		address furnished herewith shall be deemed to be
Province	Street code	the applicant's registered address <u>all</u>
Telephone number		<u>correspondenc</u> <u>e and</u> certificates will
Fax number		<u>be couriered to</u> <u>this address</u>
E-mail address		Note B: Fees subject to
SECTION B: PARTICULARS OF THE BE REGISTERED	E DISPENSARY WITHIN A PHC OR FACILITY APPROVED BY COUNCIL TO	change without further notification
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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	E REGISTRATION OF A DISPENSARY WITHIN A PRIMA R FACILITY APPROVED BY COUNCIL, CONTINUES	
SECTION C: PARTICULARS OF T	HE 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	Pharmacist Account Number	
Date of appointment as supervising pharmacist		
SECTION D: PARTICULARS OF T APPROVED BY COU	HE POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY NCIL	
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	
I assistant at the above Facility and th published by Council;	(full names), accept the responsibility as a post basic pharmacist's nat it will be conducted in accordance with good pharmacy practice guidelines as	
Signature:		
SECTION E: SUPPORTING DOCU	MENTATION AND APPLICABLE FEES	Office Use Only

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

a professionally drawn floor plan in accordance with Rule 1.2 read together with a) Rule 2.31; a copy of the registration certificate of the Post Basic Pharmacist's Assistant at the abovementioned facility $\label{eq:posterior}$

Mark with a 🗸

Annual fee - (Payable with every application and then 1 July every year thereafter.) c) R982.00 (VAT incl.) (refer note B)

RP signature

b)



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

SECTION F: DECLARATION BY THE SUPERVISING PHARMACIST	
I, declare that: -	
a) I herewith include the applicable documentation/fee(s);	
b) the above Facility will be conducted in accordance with good pharmacy practice Council;	guidelines as published by
c) the information furnished herewith is true and correct.	
Supervising Pharmacist's Signature:	that: - erewith include the applicable documentation/fee(s); endove Facility will be conducted in accordance with good pharmacy practice guidelines as published by uncil; information furnished herewith is true and correct. g Pharmacist's G: DECLARATION BY COMMISSIONER OF OATHS G: DECLARATION BY COMMISSIONER OF OATHS ementioned was SIGNED and SWORN TO before me at
SECTION G: DECLARATION BY COMMISSIONER OF OATHS	
The abovementioned was SIGNED and SWORN TO before me at	_
on thisday ofin the year, the deponent (applicant) ha	aving
acknowledged that he/she knows and understands the contents of this declaration.	
SIGNATURE OF COMMISSIONER OF OATHS	contact details of
SAPC Electronic Payment Details (If not yet captured on Council's financial system	m)
Name of Beneficiary South African Pharmacy Council	

SAFC Electronic Payment Details (in not yet captured on Council's Infancial 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:

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 1 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.

Cash, postal orders and cheques will not be accepted with any application form. 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 2. 3. 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

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

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.