

Date \_\_\_\_\_

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

### SECTION C: PARTICULARS OF THE SUPERVISING PHARMACIST

Surname/Last Name	<input type="text"/>
Title	<input type="text"/> Initials (First Names) <input type="text"/>
First Names In Full	<input type="text"/>
Identity Number OR Passport number	<input type="text"/>
Email Address	<input type="text"/>
Cell number	<input type="text"/>
Pharmacist Registration No	<input type="text"/> Pharmacist Account Number <input type="text"/>
Date of appointment as supervising pharmacist	<input type="text"/>

### SECTION D: PARTICULARS OF THE POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY APPROVED BY COUNCIL

Pharmacist Assistant Registration No.	<input type="text"/> Pharmacist Assistant Account No <input type="text"/>
Surname/Last Name	<input type="text"/>
Title	<input type="text"/> Initials (First Names) <input type="text"/>
First Names In Full	<input type="text"/>
Identity Number OR Passport number	<input type="text"/>
Email Address	<input type="text"/>
Cell number	<input type="text"/>
Date of acceptance as a Post Basic pharmacist's assistant for the PHC	<input type="text"/>

I \_\_\_\_\_ (full names), accept the responsibility as a post basic pharmacist's assistant at the above Facility and that it will be conducted in accordance with good pharmacy practice guidelines as published by Council;

Signature: \_\_\_\_\_

### SECTION E: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

Office Use Only

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

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- a) a professionally drawn floor plan in accordance with Rule 1.2 read together with Rule 2.31; ☐
- b) a copy of the registration certificate of the Post Basic Pharmacist's Assistant at the abovementioned facility ☐
- c) Annual fee – (Payable with every application and then 1 July every year thereafter.) R982.00 (VAT incl.) (refer note B)

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

Date \_\_\_\_\_

## South African Pharmacy Council

### 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.

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

Date\_\_\_\_\_