



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

DECLARATION OF COMPLETION OF 400 HOURS OF PRACTICAL TRAINING BY ACADEMIC INTERNS OR INTERNS IN MANUFACTURING PHARMACY IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974), AS AMENDED

Please use blac Return to: The F	Office Use Only					
SECTION A: PHARMACIST INTER						
Intern registration no:	Intern acc no: (if available)					
Intern surname/last name						
Intern title	Intern initials (first names)					
Intern first names in full						
SECTION B: TUTOR'S PERSONA						
Tutor registration no:	Tutor acc no: (if available)					
Tutor surname/last name						
Tutor title	Tutor initials					
SECTION C: PARTICULARS OF F TRAINING	PHARMACIST SUPERVISING 400 HOURS OF PRACTICAL					
Pharmacist registration no:	Pharmacist acc no: (if available)					
Pharmacist surname/last name						
Pharmacist title Pharmacist initials						
	COMMUNITY OR INSTITUTIONAL PHARMACY AT WHICH 400 CAL TRAINING WAS UNDERTAKEN					
Pharmacy registration no:						
Name of pharmacy						
Branch of pharmacy	Institutional (hospital) Community					
SECTION D: RECORD OF PRACTICAL TRAINING (WHERE EACH PERIOD OF TRAINING WAS AT LEAST 5 CONSECUTIVE 8 HOUR DAYS)						
Practical training: From:	To: e.g DD / MM / Y Y					
Period 1:	No. of hrs					
Period 2:	No. of hrs					
Period 3:	No. of hrs					
Period 4:	No. of hrs					
Period 5:	No. of hrs					
Period 6:	No. of hrs					
Period 7:	No. of hrs					
Period 8:	No. of hrs					
Period 9:	No. of hrs					
Period 10:	No. of hrs					
	Total number of hours (minimum 400 hours)					

Continued . . . /2

S	ıgr	าลเ	ure)					



Form is valid for **2023** only

DECLARATION OF COMPLETION OF 400 HOURS OF PRACTICAL TRAINING . . . (CONTINUED)

1/... Continued

SECTION E: DECLARATION BY	Office Use Only		
We, the above tutor, supervising ph			
as indicated above, at least completed by the above into approved for purposes of tra b) the information furnished he	stitutional (hospital) pharmacy		
b) the information furnished he	rewith is true and correct.		
Tutor's Signature:	Date:		
Signature of pharmacist supervis			
Signature of pharmacist intern:			

	_
Signature	Date
•	