

South African Pharmacy Council



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Form is valid for
2023 only

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

1/ . . . Continued

SECTION E: DECLARATION BY TUTOR, PHARMACIST AND INTERN	Office Use Only								
<p>We, the above tutor, supervising pharmacist and intern, declare that:</p> <p>a) as indicated above, at least five consecutive eight hour days of practical training were completed by the above intern in the above community or institutional (hospital) pharmacy approved for purposes of training, in accordance with the requirements of Council; and</p> <p>b) the information furnished herewith is true and correct.</p> <p>Tutor's Signature: _____ Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>Signature of pharmacist supervising 400 hours of practical training: _____</p> <p>Signature of pharmacist intern: _____</p>									

Signature_____

Date_____