



# South African Pharmacy Council

Form is valid for  
**2023** only

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](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

## DECLARATION OF COMPLETION OF 2080 HOURS OF PRACTICAL TRAINING BY LEARNER BASIC OR LEARNER POST-BASIC ASSISTANTS IN PHARMACY IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974), AS AMENDED

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only	
<b>SECTION A: LEARNER'S PERSONAL PARTICULARS</b>			
Assistant registration no:	<input type="text"/>	Intern acc no: (if available) <input type="text" value="P"/>	
Assistant surname/last name	<input type="text"/>		
Assistant title	Intern initials (first names) <input type="text"/>	<input type="text"/>	
Assistant first names in full	<input type="text"/>		
<b>SECTION B: TUTOR'S PERSONAL PARTICULARS</b>			
Tutor registration no:	<input type="text"/>	Tutor acc no: (if available) <input type="text" value="P"/>	
Tutor surname/last name	<input type="text"/>		
Tutor title	Tutor initials <input type="text"/>	<input type="text"/>	
<b>SECTION D: PARTICULARS OF PHARMACY AT WHICH 2080 HOURS OF PRACTICAL TRAINING WAS UNDERTAKEN</b>			
Pharmacy registration no:	<input type="text" value="Y"/>		
Name of pharmacy	<input type="text"/>		
Branch of pharmacy	<input type="checkbox"/> Institutional (hospital) <input type="checkbox"/> Community <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing		
<b>SECTION D: RECORD OF PRACTICAL TRAINING</b>			
Practical training:	From:	To:	e.g. <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YY"/>
Period 1:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 2:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 3:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 4:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 5:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 6:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 7:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 8:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 9:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Period 10:	<input type="text"/>	<input type="text"/>	No. of hrs <input type="text"/>
Total number of hours (minimum 2080 hours)			<input type="text"/>

Continued ... /2



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## DECLARATION OF COMPLETION OF 2080 HOURS OF PRACTICAL TRAINING . . . (CONTINUED)

1/ . . . Continued

SECTION D: RECORD OF PRACTICAL TRAINING CONTINUED							Office Use Only		
Practical training:	From:	To:	e.g.	DD	/	MM	/	YY	
Period 11:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 12:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 13:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 14:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 15:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 16:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 17:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 18:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 19:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 20:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 21:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 22:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 23:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 24:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 25:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 26:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 27:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 28:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 29:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 30:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 31:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 32:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 33:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 34:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 35:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 36:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 37:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 38:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 39:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 40:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>
Period 41:	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	No. of hrs <input type="text"/>

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR



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Period 42:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 43:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 44:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 45:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 46:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 47:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 48:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 49:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 50:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 51:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 52:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 53:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 54:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 55:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 56:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 57:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 58:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 59:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
Period 60:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No. of hrs	<input type="text"/>	
<b>Total number of hours (minimum 2080 hours)</b>								<input type="text"/>	

### SECTION E: DECLARATION BY TUTOR, PHARMACIST AND LEARNER

Office Use Only

We, the above tutor, supervising pharmacist and intern, declare that:

- a) as indicated above, practical training was completed by the above learner in the above community, institutional (hospital), wholesale or manufacturing pharmacy approved for purposes of training, in accordance with the requirements of Council; and
- b) the information furnished herewith is true and correct.

**Tutor's Signature:** \_\_\_\_\_ **Date:**

**Learner's Signature:** \_\_\_\_\_ **Date:**