



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; Website: www.sapc.za.org

APPLICATION FOR ADMISSION TO THE PROFESSIONAL EXAMINATIONS IN TERMS OF THE PHARMACY ACT 53 OF 1974 FOR PHARMACY PRACTICE AND PHARMACY LAW AND ETHICS ONLY FOR 2019 EXAM FORMAT

All examinations will be written in Pretoria. Venue to be confirmed 2 weeks before the examination date.

SECTION A: PARTICULARS OF THE APPLICANT

Full name(s) of the applicant

Surname of the applicant

Pharmacist registration no. Pharmacist account no. (if available) P

Postal address

Physical address

Cell number

Home number

Work number

Fax number () -

E-mail address

Discipline	Date	Choice	Date	Choice
Applied Pharmacy Practice in a Legal Framework	08 May 2023		02 October 2023	
Applied Pharmaceutics and Pharmaceutical Chemistry	10 May 2023		04 October 2023	
Applied Pharmacology and Toxicology	12 May 2023		06 October 2023	

NB: The professional examination dates are subject to change, upon the lifting or easing of the Lockdown Regulations issued in terms of Section 27(2) of the Disaster Management Act, 2002, which will allow candidates to make travel arrangements.

SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

- a) Examination fee (per paper) – R4, 146.00 (Provide proof)
- b) a certified copy of the letter of support for writing the examinations issued by the National Department of Health (non-South Africans only)
- c) SAPC decision letter
- d) Latest examination results (if applicable)

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SECTION D: DECLARATION BY APPLICANT

I, the above applicant, declare that:

- a) I herewith include the applicable fee(s) mentioned in Section C above;
- b) the information furnished herewith is true and correct.

Applicant's Signature: _____

Date: / /

PLEASE NOTE:

1. Kindly fax or e-mail your applications to customer service

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR



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2. Note that 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 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
3. **Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees.**
4. **Cash, postal orders and cheques will not be accepted with any application form.**
5. **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 perpetrators will be prosecuted according.**

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