South African Pharmacy Council
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Form is valid for **2023** only

APPLICATION FOR REGISTRATION AS AN ASSESSOR /MODERATOR IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS.
Return to: The Registrar, South African Pharmacy Council

Office Use Only

SECTION A: PARTICULARS OF THE PHARMACIST DESIRING REGISTRATION AS AN ASSESSOR/MODERATOR

Pharmacy Council registration no: _____ Pharmacy Council acc no: (if available) P _____

Surname/last name _____

Title _____ Initials (first names) _____

Type of assessor: Assessor | Moderator

First names in full _____

Identity number _____

Courier address
(refer note A) _____

Postal code _____

Contact telephone number _____

Fax number _____

Cell number _____

E-mail address _____

Note A: A change of address must be submitted to the registrar within 30 days of such change

SECTION B: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

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

		Mark with a ✓
a)	a copy of certificate of competence as an assessor/moderator	
b)	Copy of identity document	
	registration fee – assessor (payable with this application for registration) **R1155.00**	
c)	annual fee – assessor (payable with this application for registration) **R417.00**	
d)	**R1155.00** registration fee – moderator (payable with this application for registration)	
e)	**R417.00** annual fee – moderator (payable with this application for registration)	

SECTION C: DECLARATION BY APPLICANT

I, the above applicant, declare that:

a) I herewith include all the documentation/fees mentioned in Section B above;

b) I am the person to whom the above qualification was awarded;

c) I comply with the requirements for registration as a specialist; and

d) the information furnished herewith is true and correct.

Applicant's Signature: _____ **Application Date:** DD / MM / YYYY

PLEASE NOTE:

1. 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
2. **Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)**
3. **Cash, postal orders and cheques will not be accepted with any application form.**
4. **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 accordingly.**