

South African Pharmacy Council

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COMPLETION OF PHARMACEUTICAL COMMUNITY SERVICE

DECLARATION BY	PHAI	RMA	CIS	T IN	I CH	IAR	GE													
I, the undersigned																				
Title		Initials (first names)									narmacist account (if available)				Р					
Surname/last name																				Ī
First names in full																				j
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Pharmacy Name]
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Fax number]
E-mail address]
AS THE PHARMACIST IN CHARGE HEREBY DECLARE THAT –																				
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First names in full																				
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WAS REGISTERED AS A PHARMACIST FOR THE PURPOSE OF PERFORMING PHARMACEUTICAL COMMUNITY SERVICES IN TERMS OF THE PHARMACY ACT 1974 AS AMENDED, AND HAS WORKED AT THIS INSTITUTION TO FULFILL HIS/HER STATUTORY 12 MONTHS PHARMACEUTICAL COMMUNITY SERVICE TO THE SATISFACTION OF THE DEPARTMENT/PROVINCE/AUTHORITY Commencement Official registration date with SAPC)														KED						
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Date:]		<u>. </u>												
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Signature: Pharmacist in Charge																				
Signature: Head of Pharmaceutical Services																				
Full names: Head of Pharmaceutical Services]
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