South African Pharmacy Council
591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007;
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Form is valid for **2024** only

APPLICATION FOR THE RECORDING OF THE PRIMARY CARE DRUG THERAPY PERMIT

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

SECTION A: PARTICULARS OF THE PHARMACY AS RECORDED WITH COUNCIL

Pharmacy name			
		Pharmacy account number	**Y**
P1harmacy physical address **(as recorded / registered with Council)**			
		Street code	
Pharmacy telephone number			
Pharmacy fax number			
RP Registration No.		Account No	**P**

SECTION B: PARTICULARS OF THE PHARMACIST

Pharmacist Registration No.		Account No	**P**
Surname/Last Name			
Title		Initials (First Names)	
First Names In Full			
Cell number			
E-mail address			
Identity number OR Passport number			
Date of issue of the permit as it appears on the certificate issued by the DoH	D D / M M / Y Y Y Y		
Permit Number			

SECTION C: SUPPORTING DOCUMENTS

I, the above applicant, submit the following in support of this application:	Mark with a ✓
(a) a **copy** of the PCDT permit issued by the Department of Health in terms of the Medicines and Related Substances Act ,1965 (Act 101 of 1965) (b) recording fee for change of address – **R00.00** (VAT incl).	

NOTE: SAPC will issue a certificate for the PCDT Pharmacist.

SECTION D: DECLARATION BY THE OWNER OF THE PCDT PERMIT

I, declare that: -

(a) I herewith include the applicable documentation;
(b) the PCDT services will only offered at the approved facility;
(c) the above services will be conducted in accordance with the provisions of the Good Pharmacy Practice
(d) the services will be provided in accordance with Primary Health Care Level Standard Treatment Guidelines and Essential Medicines List

PCDT Permit owner's Signature:		**Date:**	D D / M M / Y Y Y Y

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 within 60 days of this application the application shall be rendered void .*
2. 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.
3. Fees are subject to change without further notification

Applicant's signature_____ Date_____