

## **South African Pharmacy Council**

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## **COMPLETION OF PHARMACEUTICAL COMMUNITY SERVICE**

DECLARATION BY P	DECLARATION BY PHARMACIST IN CHARGE																			
I, the undersigned																				
Title		Initials (first names)								Pharmacist account no (if available)				Р						
Surname/last name																				
First names in full																				]
Pharmacy Reg no	Υ																			_
Pharmacy Name																				]
Province/Authority																				]
Cell number																				]
Work Tel number																				]
Fax number																				]
E-mail address																				]
AS THE PHARMACIST IN CHARGE HEREBY DECLARE THAT –																				
Title				ials (i ame:								cist a ailabl	ccour e)	nt	Р					
Surname/last name																				]
First names in full																				]
ID number																				]
Cell number																				]
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 (The 12 months is calculated from the																				
Date													icial ı							
Completion Date																				
Date:			]								_									
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Signature: Pharmacist in Charge																				
Signature: Head of Pharmaceutical Services																				
Full names: Head of																				
Pharmaceutical Services																				1
Contact number																				]
Date:			]																	