APPLICATION BY CANDIDATES WITH FOREIGN QUALIFICATIONS REQUIRING REGISTRATION AS A PHARMACIST OR PHARMACY SUPPORT PERSONNEL IN SOUTH AFRICA

CHECK LIST

Full names and surname:			
Date of birth:		Male	Female
Country of origin:		Qualification	Date of completion
Country of origin.		Quamiounon	Bate of completion
Documents submitted to Council			
1. Application form & payment			Good
1. Application form a payment		Standing from regulatory body or	
		the institution where qual was obtained	ification
2. Certified copy of ID/Passport		10. Proof of practical	
z. <u>ocraned</u> copy of 15/1 assport		training/internship from	
		regulatory body	
3. Original SAQA evaluation		11. Proof of work experience	
certificate; SAQA verification of		post registration as a	
information consent form		pharmacist	
		12. Information re	garding
4. Certified copy of qualification,		syllabus and curriculum	
		qualification (stamped university); information re	
		for verification	<u>equireu</u>
5. <u>Certified</u> copy of the academic		13. Letter of Support from	
transcript		DOH/FWMP (non-citizens)	
6. Original Confirmation letter		14. Police clearance from	
from examining body/university		country of origin	
7. Origina l IELTS Certificate or		15. Police clearance from the	
certified copy of national senior		South African Police Services	
certificate or equivalent if		(SAPS) if candidate has been in	
matriculated in SA (Overall band		South Africa for more than two	
score 6)		years	
8. <u>Certified</u> proof of registration		16. Department of Affairs confirmation	Home
with regulatory body or proof that the qualification obtained allows for		Affairs confirmation of citizenship/ permanent	
registration as a pharmacist in the		residency/ immigration status	
country where qualification was		1.00100110y/ Illillingration 3tt	
obtained			
RECOMMENDATION:			