

South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; Tel: 0861 7272 00; Fax: 27 (12) 321 1479; E-mail: customercare@sapc.za.org; Website: www.sapc.za.org; Website: www.sapc.za.org;

Page 1 of 2

APPLICATION FOR EXTENSION OF ACCREDITATION/APPROVAL AS PROVIDER OF PHARMACIST'S ASSISTANTS PROGRAMMES IN TERMS OF THE PHARMACY ACT 53 OF 1974

Please print and use black ink to complete																	
SECTION A: PROVIDER PARTICULARS																	
Provider Name																	
SAPC Registration Number	R																
Postal Address																	
1 Ostal Address																	
							Postal Code										
													1				
Physical Address	!																
								,									
								Postal Code									
Courier Address																	
Courier Address																	
							Postal Code										
Full names of Responsible Person																	
Identity/Passport Number																	
Telephone Number																	
Cell phone number																	
Fax Number																	
E-mail Address																	
SECTION B: PLEASE TICK COURSE(S) REQUIRING EXTENSION																	
National Certificate: Pharmacist's Assistance (Community) R2.679.00						Further Education and Training Certificate: Pharmacist's Assistance (Community) R2 679 00											

Further Education and Training Certificate: Pharmacist's Assistance (Institutional)

R2,679.00

Further Education and Training Certificate:

Pharmacist's Assistance (Wholesale)

R2,679.00

National Certificate: Pharmacist's Assistance

(Institutional) R2,679.00

National Certificate: Pharmacist's Assistance

(Wholesale)

R2,679.00





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National Certificate: Pharmacist's Assistance (Manufacturing)	Further Education and Training Certificate: Pharmacist's Assistance (Manufacturing)	
R2,679.00	R2,679.00	

Please print and use black ink to complete												
SECTION C: AP	MARK WITH X											
Proof of payment must be submitted in support of this application:												
Fee for extension of provider accreditation/approval (R2,679.00)												
Fee for extension of course accreditation/approval as described in Section B												
SECTION D: DECLARATION BY THE APPLICANT												
I, hereby, declare that our provider and course(s) accreditation/approval conditions as a determined by Council have not changed.												
Note: In the event of change of ownership and/or delivery of the course, the provider must submit completed forms for accreditation/approval as the provider and for the course(s).												
SIGNATURE:												
NAME:												
DESIGNATION:												
DATE:	D	D	-	M	M	-	Υ	Υ	Υ	Υ		
SECTION E: DECLARATION BY COMMISSIONER OF OATHS												
SIGNED and S	WORN	at		STAMP								
on this		ay of			in the	:						
year		the d	eponent(applicant) having							
acknowledged	that he/	she kno	ws and	underst	ands the	:						
contents of this	declaration	on										
SIGNATURE OF COMMISSIONE OF OATHS:												
DATE:		Full name, capacity, address and contact details of Commissioner of Oaths										
						aetails	of Commi	ssioner of (Jatns			
ONLY ORIGINAL DOCUMENTATION OR CERTIFIED COPIES WHERE APPLICABLE WILL BE												