



South African Pharmacy Council

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Form is valid for
2026 only

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APPLICATION FOR A PHARMACIST INTERN TO PRACTICE AS A PHARMACIST'S ASSISTANT PHARMACY TECHNICIAN DUE TO THE PRESCRIBED INTERNSHIP COOLING OFF PERIOD IN TERMS OF THE PHARMACY ACT, 53 OF 1974

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		PLEASE NOTE:
SECTION A: APPLICANT'S PERSONAL PARTICULARS		<p>Note A: You are requested to furnish gender and race to enable Council to measure transformation in the profession.</p> <p>Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address. All correspondence and certificates will be posted to this address.</p> <p>Note C: A change of address must be submitted to the registrar within 30 days of such change.</p> <p>Note D: A certified copy is a photocopy of the original document, which has been certified by a Commissioner of Oaths declaring that it is a true copy of the original document.</p> <p>Note E: Should the name on the application form (Section A) differ from the documentary proof of identification (i.e. the name on the identity document/passport), the applicant must submit a certified copy of the relevant marriage certificate or documentary evidence and an affidavit regarding the change of name.</p> <p>Note F: This approval is subject to the following: 1) the intern must have completed the period of 365 days practical internship under an approved tutor in an approved pharmacy premises 2) the tutor must have submitted all progress reports 3) the intern must have submitted all required CPD entries and been successful in at least six CPD entries 4) the intern's previous employer must have terminated their internship contract.</p> <p>Note G: Fees are subject to change without further notification.</p>
P number	P <input type="text"/>	
Surname/last name	<input type="text"/>	
Title	<input type="text"/> Initials (first names) <input type="text"/>	
First names in full	<input type="text"/>	
Identity number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Date of birth	DD / MM / YYYY <input type="text"/>	
Gender and race (refer note A)	<input type="checkbox"/> Male <input type="checkbox"/> Female Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White	
Postal address (refer notes B and C)	<input type="text"/>	
Physical address (refer note C)	<input type="text"/>	
Cell number	<input type="text"/>	
Courier address	<input type="text"/>	
Work telephone number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
E-mail address	<input type="text"/>	
SECTION B: REASON FOR REGISTRATION		
Two (2) year cooling off period prior to attempt at the pre-registration examination		
SECTION C: DETAILS OF THE SUPERVISING PHARMACIST		
P number	P <input type="text"/>	
Surname/last name	<input type="text"/>	
Title	<input type="text"/> Initials (first names) <input type="text"/>	
First names in full	<input type="text"/>	
SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES		
I, the above applicant, submit the following in support of my application:		
a) a certified copy of my identity document or passport (refer notes D and E)	<input type="checkbox"/>	
b) documentary evidence that the applicant has attempted the pre-registration examination seven (7) times and is unsuccessful	<input type="checkbox"/>	
c) documentary evidence that the applicant's employer has terminated their internship contract (refer note F)	<input type="checkbox"/>	
d) Annual fee: R737.00 (VAT incl.) payable with application (refer note G)	<input type="checkbox"/>	

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 and fees/proof of payment of fees within 60 days of this application the application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited.
2. Your registration date will be determined by the date of receipt of a completed application form, supporting documents and fees (please refer to item 1. above)
3. Cash, postal orders and cheques will not be accepted with any application form.
4. 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.