



South African Pharmacy Council

Form is valid for
2022 only

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

APPLICATION FOR THE REGISTRATION OF A PRIMARY HEALTHCARE CLINIC DISPENSARY OR FACILITY APPROVED BY COUNCIL, IT'S SUPERVISING PHARMACIST AND PHARMACIST'S ASSISTANT (POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974 AS AMENDED

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council, to the postal address above		Office Use Only																																																						
SECTION A: PARTICULARS OF THE MAIN FACILITY																																																								
Responsible Authority	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">District Office</td> <td style="width: 12.5%;">Institutional (Public)</td> <td style="width: 12.5%;">Local government</td> <td style="width: 12.5%;">S A P S</td> <td style="width: 12.5%;">SANDF</td> <td style="width: 12.5%;">Correctional Service</td> </tr> </table>	District Office	Institutional (Public)	Local government	S A P S	SANDF	Correctional Service	<p>Note A: The physical address furnished herewith shall be deemed to be the applicant's registered address <u>all correspondence and certificates will be couriered to this address</u></p> <p>Note B: Fees subject to change without further notification</p>																																																
District Office	Institutional (Public)	Local government	S A P S	SANDF	Correctional Service																																																			
Type of Facility	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Provincial PHC</td> <td style="width: 12.5%;">SANDF Sickbay</td> <td style="width: 12.5%;">SAPS Sickbay</td> <td style="width: 12.5%;">Local government</td> <td style="width: 12.5%;">NGO PHC</td> <td style="width: 12.5%;">Other facility</td> </tr> </table>	Provincial PHC	SANDF Sickbay	SAPS Sickbay	Local government	NGO PHC	Other facility																																																	
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Full name(s) of owner	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>																																																							
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RP signature _____

Date _____



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APPLICATION FOR THE REGISTRATION OF A DISPENSARY WITHIN A PRIMARY HEALTHCARE CLINIC OR FACILITY APPROVED BY COUNCIL, CONTINUES

SECTION C: PARTICULARS OF THE SUPERVISING PHARMACIST

Surname/Last Name

Title Initials (First Names)

First Names In Full

Identity Number OR Passport number

Email Address

Cell number - -

Pharmacist Registration No Pharmacist Account Number P

Date of appointment as supervising pharmacist DD / MM / YYYY

SECTION D: PARTICULARS OF THE POST BASIC PHARMACIST'S ASSISTANT FOR THE PHC OR FACILITY APPROVED BY COUNCIL

Pharmacist Assistant Registration No. Pharmacist Assistant Account No P

Surname/Last Name

Title Initials (First Names)

First Names In Full

Identity Number OR Passport number

Email Address

Cell number - -

Date of acceptance as a Post Basic pharmacist's assistant for the PHC DD / MM / YYYY

I _____ (full names), accept the responsibility as a post basic pharmacist's assistant at the above Facility and that it will be conducted in accordance with good pharmacy practice guidelines as published by Council;

Signature: _____

SECTION E: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

Office Use Only

I, the above applicant, submit the following in support of this application:

Mark with a ✓

- a) a professionally drawn floor plan in accordance with Rule 1.2 read together with Rule 2.31;
- b) a copy of the registration certificate of the Post Basic Pharmacist's Assistant at the abovementioned facility
- c) Annual fee – (Payable with every application and then 1 July every year thereafter.) **R926.00 (VAT incl.) (refer note B)**

RP signature _____

Date _____



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APPLICATION FOR THE REGISTRATION OF A DISPENSARY WITHIN A PRIMARY HEALTHCARE CLINIC OR FACILITY APPROVED BY COUNCIL, CONTINUES

SECTION F: DECLARATION BY THE SUPERVISING PHARMACIST	
<p>I, declare that: -</p> <p>a) I herewith include the applicable documentation/fee(s);</p> <p>b) the above Facility will be conducted in accordance with good pharmacy practice guidelines as published by Council;</p> <p>c) the information furnished herewith is true and correct.</p> <p>Supervising Pharmacist's Signature: <input type="text"/></p> <p>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	

SECTION G: DECLARATION BY COMMISSIONER OF OATHS	
<p>The abovementioned was SIGNED and SWORN TO before me at _____ (place)</p> <p>on this ____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.</p> <p>SIGNATURE OF COMMISSIONER OF OATHS _____</p>	<p>STAMP (Compulsory)</p> <p>(Full names, capacity, address and contact details of Commissioner of Oaths)</p>

SAPC Electronic Payment Details (If not yet captured on Council's financial system)	
Name of Beneficiary	South African Pharmacy Council
Name of Bank	Standard Bank of South Africa
Account type	Cheque account
Branch Code	0 1 0 1 4 5
Beneficiary Account number	0 1 1 8 8 5 8 6 6
Beneficiary Reference	Your account number ** with SAPC and surname & initials.

PLEASE NOTE:

- 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.
- Cash, postal orders and cheques will not be accepted with any application form.
- 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.

Criteria for registration for a primary healthcare clinic dispensary

The following are considered in the evaluation of an application for registration for a primary healthcare clinic dispensary

- The dispensary must be linked to an institutional public pharmacy or local authorities;
- The institutional public pharmacy must have an RP and be recorded with council, local authority must have a pharmacist;
- A dispensary linked to either institutional public pharmacy or local authorities, must have a post basic pharmacist's assistant and a supervising pharmacist;
- A supervising pharmacist may only supervise a maximum of three primary healthcare clinic dispensary

Provinces or local authorities intending to place a pharmacist in the PHC Dispensary must apply for a licence with DOH and record the facility as a Pharmacy with Council.

RP signature _____

Date _____



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Reasons why a primary healthcare clinic dispensary may not be registered

- (a) If the institutional public pharmacy is not recorded with Council;
- (b) If there is no RP at the institutional public pharmacy;
- (c) If the supervising pharmacist is already linked to three primary healthcare clinic dispensary;
- (d) If there is no post basic pharmacist's assistant at the primary healthcare clinic dispensary
- (e) If the supervising pharmacist is an RP or tutor at a different facility
- (f) If the primary healthcare clinic dispensary is not linked to a institutional public pharmacy or local authorities
- (g) If either the post basic pharmacist's assistant, RP or supervising pharmacist are erased for any reasons

Annual fees for PHC dispensary shall be payable with every application and then 1 July every year thereafter.
Council must be informed at all times about the resignation on any parties involved.

RP signature_____

Date_____