



# 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](mailto:customercare@sapc.za.org); Website: [www.sapc.za.org](http://www.sapc.za.org)

Page 1 of 2

## DECLARATION OF COMPLETION OF 400 HOURS OF PRACTICAL TRAINING BY ACADEMIC INTERNS OR INTERNS IN MANUFACTURING PHARMACY IN TERMS OF THE PHARMACY ACT, 1974 (ACT 53 OF 1974), AS AMENDED

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only	
<b>SECTION A: PHARMACIST INTERN'S PERSONAL PARTICULARS</b>			
Intern registration no:	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	Intern acc no: (if available) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> P <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Intern surname/last name	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Intern title	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	Intern initials (first names) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Intern first names in full	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
<b>SECTION B: TUTOR'S PERSONAL PARTICULARS</b>			
Tutor registration no:	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	Tutor acc no: (if available) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> P <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Tutor surname/last name	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Tutor title	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	Tutor initials <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
<b>SECTION C: PARTICULARS OF PHARMACIST SUPERVISING 400 HOURS OF PRACTICAL TRAINING</b>			
Pharmacist registration no:	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	Pharmacist acc no: (if available) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> P <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Pharmacist surname/last name	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Pharmacist title	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	Pharmacist initials <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
<b>SECTION D: PARTICULARS OF COMMUNITY OR INSTITUTIONAL PHARMACY AT WHICH 400 HOURS OF PRACTICAL TRAINING WAS UNDERTAKEN</b>			
Pharmacy registration no:	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> Y <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		
Name of pharmacy	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
Branch of pharmacy	<input type="checkbox"/> Institutional (hospital) <input type="checkbox"/> Community		
<b>SECTION D: RECORD OF PRACTICAL TRAINING (WHERE EACH PERIOD OF TRAINING WAS AT LEAST 5 CONSECUTIVE 8 HOUR DAYS)</b>			
Practical training:	From:	To:	e.g. <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> D <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> M <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Y <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Period 1:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 2:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 3:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 4:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 5:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 6:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 7:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 8:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 9:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Period 10:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	No. of hrs <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<b>Total number of hours (minimum 400 hours)</b>			<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>

Continued . . . /2

Signature \_\_\_\_\_

Date \_\_\_\_\_



# South African Pharmacy Council

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## DECLARATION OF COMPLETION OF 400 HOURS OF PRACTICAL TRAINING . . . (CONTINUED)

1/ . . . Continued

SECTION E: DECLARATION BY TUTOR, PHARMACIST AND INTERN	Office Use Only
<p>We, the above tutor, supervising pharmacist and intern, declare that:</p> <p>a) as indicated above, at least five consecutive eight hour days of practical training were completed by the above intern in the above community or institutional (hospital) pharmacy approved for purposes of training, in accordance with the requirements of Council; and</p> <p>b) the information furnished herewith is true and correct.</p> <p>Tutor's Signature: _____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature of pharmacist supervising 400 hours of practical training: _____</p> <p>Signature of pharmacist intern: _____</p>	

Signature \_\_\_\_\_

Date \_\_\_\_\_