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	
	11.50	1 official	
On the of admin	Overlitie estima	Data at assemblies	
Country of origin:	Qualification	Date of completion	
Documents submitted to Council			
4.4. ". "	9. Original letter of Good		
Application form & payment	Standing from regulatory	body or	
	the institution where qua	the institution where qualification	
	was obtained		
2. <u>Certified</u> copy of ID/Passport	· · · · · · · · · · · · · · · · · · ·		
	training/internship regulatory body	from	
3. Original SAQA evaluation		11. Proof of work experience post	
certificate		registration as a pharmacist	
		egarding	
4. Certified copy of qualification,		syllabus and curriculum of the qualification (stamped by	
4. Octanous sopy or quantitation,			
	university)	•	
5. Certified copy of the academic	13. Letter of Suppo		
transcript	DOH/FWMP (non-citizen	DOH/FWMP (non-citizens)	
6. Original Confirmation letter			
from examining body/university	country of origin		
7. Original IELTS Certificate or	15. Police clearance f		
certified copy of national senior	South African Police S		
certificate or equivalent if matriculated in SA (Overall band		(SAPS) if candidate has been in South Africa for more than two	
score 6)	vears		
8. Certified proof of registration	16. Department of	Home	
with regulatory body or proof that	Affairs confirmation		
the qualification obtained allows for		rmanent	
registration as a pharmacist in the	residency/ immigration st	atus	
country where qualification was obtained			
Obtained			
DECOMMENDATION.			
RECOMMENDATION:			