



The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; Private Bag X40040, Arcadia, 0007; www.sapc.za.org
Tel: 0861 7272 00; Fax: 27 (12) 321 1479/92; E-mail: customercare@sapc.za.org

Form is valid for
2019 only

APPLICATION FOR TEMPORARY REGISTRATION OF A FOREIGN QUALIFIED PHARMACIST FOR VOLUNTARY/ VOLUNTEER SERVICE IN TERMS OF THE PHARMACY ACT 53 of 1974 (NON SA CITIZENS)

Please use black ink and complete in BLOCK CAPITALS. Return to: The Registrar, South African Pharmacy Council		Office Use Only
SECTION A: APPLICANT'S PERSONAL PARTICULARS		
Surname/last name	<input type="text"/>	
Title	<input type="text"/> Initials (first names) <input type="text"/>	
First names in full	<input type="text"/>	
Passport no.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Date of birth	<input type="text"/> / <input type="text"/> / <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"/> <input type="text"/> Postal code <input type="text"/>	Note A: You are requested to furnish gender and race particulars to enable Council to measure transformation in the profession.
Physical address (refer note C)	<input type="text"/> <input type="text"/> Street code <input type="text"/>	Note B: The postal address furnished herewith shall be deemed to be the applicant's registered address.
Cell number	<input type="text"/>	Note C: A change of address must be submitted to the Registrar within 30 days of such change.
Other contact number	<input type="text"/>	
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Note D: The applicant must be registered as a pharmacist in the country in which the institution or examining body that awarded the qualification is situated.
E-mail address	<input type="text"/>	
Endorsement letter attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expiry date of the endorsement letter	<input type="text"/>	
SECTION B: QUALIFICATION IN PHARMACY/ CURRENT REGISTRATION		
Qualification (degree/diploma) in pharmacy	<input type="text"/>	
Date on which above qualification was obtained	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Institution from which above qualification was obtained	<input type="text"/>	
Country in which above qualification was obtained	<input type="text"/>	
Council/Board or other registering authority with which applicant is currently registered (refer note D)	<input type="text"/>	

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Signature _____

Date _____



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APPLICATION FOR EVALUATION OF CREDENTIALS... (CONTINUED)

SECTION C: RECORD OF PRACTICAL TRAINING AS A PHARMACIST			Office Use Only
Name and Address of institution	From	To	<p>Note E: 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 F: Should the name on the application form (Section A) or attached qualification (Section B) 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>
1.	<input type="text"/>	<input type="text"/>	
2.	<input type="text"/>	<input type="text"/>	
3.	<input type="text"/>	<input type="text"/>	
4.	<input type="text"/>	<input type="text"/>	
5.	<input type="text"/>	<input type="text"/>	
<p style="text-align: center;"><input type="text"/> <input type="text"/></p>			<p>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 style="text-align: center;"><input type="text"/> <input type="text"/></p>			
<p>SECTION D: SUPPORTING DOCUMENTATION (TO BE SUBMITTED DIRECTLY TO COUNCIL BY THE APPROPRIATE AUTHORITY)</p>			
<p>a) an original Letter of Good Standing issued by the registering authority of the country in which the above qualification was awarded (refer note D)</p>			
<p>SECTION E: SUPPORTING DOCUMENTATION AND APPLICABLE FEES TO BE SUBMITTED BY THE APPLICANT WITH THIS APPLICATION</p>			
<p>I, the above applicant, submit the following in support of my application Mark with X:</p>			
a) a formal letter document from person/ institution which invited or will be contracted to the foreign pharmacist		<input type="checkbox"/>	<p>Attach photograph her</p>
b) a certified copy of my identity document or passport (refer notes E and F)		<input type="checkbox"/>	
c) a recent colour photograph of myself (passport size) – attached alongside		<input type="checkbox"/>	
d) a certified copy of the degree/diploma (refer note E)		<input type="checkbox"/>	
e) the original certificate of an evaluation of the qualification from the South African		<input type="checkbox"/>	
f) Qualifications Authority (SAQA) in Pretoria		<input type="checkbox"/>	
g) information regarding the syllabus and curriculum of the degree/diploma in pharmacy obtained from the institution where training was undertaken		<input type="checkbox"/>	
h) documentary proof of having completed at least 12 months practical training prior to registering as a pharmacist		<input type="checkbox"/>	
i) a certified copy of proof of current registration as a pharmacist in the country in which the qualification was awarded (refer notes D and E)		<input type="checkbox"/>	
j) a certified copy of letter of support stating that the candidate may apply to sit for the Council exams issued by the National Department of Health		<input type="checkbox"/>	
k) a currently valid English Language Proficiency test certificate (IELTS only)		<input type="checkbox"/>	
l) Evaluation of Credentials of Foreign Graduates fee – R13, 376.00 (VAT Incl.)		<input type="checkbox"/>	

Signature _____

Date _____



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Kindly

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Signature_____

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APPLICATION FOR EVALUATION OF CREDENTIALS (CONTINUED)

SECTION F: DECLARATION BY APPLICANT	Office Use Only
<p>I, the above applicant, declare that:</p> <ul style="list-style-type: none"> a) I herewith include all the applicable documentation/fees mentioned in Section E above; b) I am the person mentioned in the accompanying degree/diploma; c) the said degree/diploma was granted to me and is my own lawful property; d) I have never in any country been convicted of any serious offence against the law or been debarred from practice by reason of misconduct and that to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country; e) I have entered the Republic of South Africa on a valid permit issued by the Department of Home Affairs; and f) the information furnished herewith is true and correct. <p>Applicant's Signature: _____ Application Date: DD / MM /</p>	
<p>SECTION G: DECLARATION BY COMMISSIONER OF OATHS</p> <p>_____</p> <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>	

Signature_____

Date_____