



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
2023 only

APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO INVOLUNTARY REMOVAL (e.g. NON - PAYMENT OF ANNUAL FEES) 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, to the postal address above

SECTION A: APPLICANT'S PERSONAL PARTICULARS

Council registration number	<input type="text"/>	Council account number	<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 or Permit number	<input type="text"/>		
Date of birth	<input type="text"/>	Gender and race	Male <input type="checkbox"/> Female <input type="checkbox"/> Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
Postal address	<input type="text"/>		
Physical address	<input type="text"/>		
Courier address	<input type="text"/>		
Cell phone number	<input type="text"/>		
Work telephone number	<input type="text"/>		
Fax number	<input type="text"/>		
E-mail address	<input type="text"/>		

Please tick (✓) the appropriate block below, to indicate the number of months you have been off the register

Category of registration:	13 Months or less	13 to 36 Months	37 to 60 Months	60 Months or more
Supporting documents: (Each application form should be accompanied by the documents stated in the blocks)	Restoration form	Restoration form	Restoration form	Restoration form
	A certified copy of your qualifications	A certified copy of your qualifications	A certified copy of your qualifications	A certified copy of your qualifications
	A certified copy of the ID document	A certified copy of the ID document	A certified copy of the ID document	A certified copy of the ID document
	Proof of payment	Proof of payment	Proof of payment	Proof of payment
		Police Clearance Certificate	Police Clearance Certificate	Police Clearance Certificate
		Comprehensive Curriculum Vitae	Comprehensive Curriculum Vitae	Comprehensive Curriculum Vitae
			Fee for assessment of 4 CPD entries. (R1160.00) R290.00 per entry	Fee for assessment of 6 CPD entries (R1740.00) R290.00 per entry
				Pay the Restoration examination fee (R2 483.00)
		Contract with a supervising pharmacist to perform 40 hours of practical training	Contract with a supervising pharmacist to perform 200 hours of practical training	Contract with a supervising pharmacist to perform 400 hours of practical training
		Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill	Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill	Provide a personal development plan showing the identified additional education, training, and experience to meet any gaps in knowledge and skill
		Submit a fitness to practice declaration	Submit a fitness to practice declaration	Submit a fitness to practice declaration

NB: For pharmacists who were practicing outside South Africa: A certificate of good standing (from the statutory body in that Country is required)

SECTION B: APPLICABLE FEES

Pharmacist Retired (aged 70 or older) R1021.00 <i>NB: CPD/Examination fee will apply depending on the number of months off the register</i>	Pharmacist who has been off the register for less than 13 months – R6,551.00 - (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for 13 to 36 Months – R6,551.00 - (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for 37 to 60 Months – R7710.00 - (Section 23(1)(d) of Act, 53 of 1974)	Pharmacist who has been off the register for more than 60 months – R10773.00 (Section 23(1)(d) of Act, 53 of 1974)
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SECTION C: SUPPORTING DOCUMENTATION AND APPLICABLE FEES

I, the above applicant, submit the following in support of my application: Mark with a ✓

(a) Restoration fees as described in section B

(b) All the required documents as described in section A

APPLICATION FOR RESTORATION OF A NAME TO THE REGISTER DUE TO INVOLUNTARY REMOVAL IN TERMS OF THE PHARMACY ACT, 53 OF 1974 (Continued)

SECTION D: DECLARATION BY APPLICANT

- I, the above applicant, declare that:
- a) I herewith include all the applicable documentation/fees mentioned in section D above;
 - b) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and
 - c) The information furnished herewith is true and correct.

Applicant's signature: _____ Application date:

DD	/	MM	/	YY	YY
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SECTION E: DECLARATION BY COMMISSIONER OF OATHS

The abovementioned was SIGNED and SWORN TO before me at _____ (place)

on this _____ day of _____ in the year _____, the deponent (applicant) having acknowledged that he/she knows and understands the contents of this declaration.

SIGNATURE OF COMMISSIONER OF OATHS

STAMP
(Compulsory)

(Full names, capacity, address and contact details of Commissioner of Oaths)

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:

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. **Cash, postal orders and cheques will not be accepted with any application form;**
3. **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.**
4. If your application for restoration is received within 60 days after your name has been removed from the registers of Council, all sub-roles e.g. Tutor, Responsible Pharmacist and/or Assessor, will also be restored;
5. If your application for restoration is received after 60 days from the date of erasure, you will be expected to re-apply for registration and or approval for all your relevant sub-roles.



FITNESS TO PRACTISE DECLARATION

I, _____ (P) hereby confirm that- (✓ where applicable):

		Yes	No
1.	I am fit to be registered in terms of the Act		
2.	I have the competency (skills, knowledge, and judgment) to perform acts forming part of the scope of practice of a pharmacist		
3.	I am emotionally, mentally, and physically healthy to perform acts forming part of the scope of practice of a pharmacist		
4.	I did not commit any criminal offences that prevents me from practicing as a pharmacist		
5.	No other health or social regulator found me unfit to practice.		
6.	I am aware that this matter may be referred for disciplinary action, if I fail to provide Council with the correct information		

Fit to practice means that you are capable to practice your scope of practice competently and ethically, and that you are physically, mentally, and emotionally capable to perform your duties.

Signed this.....day of20.... at.....

.....
Signature

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR



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CONTRACT FOR PHARMACISTS WORKING UNDER SUPERVISION

1. MEMORANDUM OF AGREEMENT (CONTRACT) made and entered into by:

P									
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(hereinafter referred to as the **SUPERVISOR**) and his/her physical address as it appears in the register:

		Code	
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Name of pharmacy where the supervisor is employed:

Y									
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Responsible Pharmacist details:

P									
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(hereinafter referred to as the **RP**) and physical address of the pharmacy:

		Code	
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Business tel. no:																			
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Supervisor cell no:																			
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AND

P									
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(hereinafter referred to as a **PHARMACIST UNDER SUPERVISION**) and his/her physical address as it appears in the register:

		Code	
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2. INTRODUCTION

WHEREAS it is agreed between the parties to this agreement that the **PHARMACIST WORKING UNDER SUPERVISION** will be exposed to the scope of practice of a pharmacist and acts specially pertaining to a pharmacist as stipulated in Regulations 3 and 4 of the *Regulations relating to the practice of pharmacy*.

3. EMPLOYMENT

The approved pharmacy hereby employs the **PHARMACIST** who hereby agrees to be so employed as a **pharmacist working under supervision** at the pharmacy subject to:

- 3.1 the provisions of the restoration requirements and process for pharmacists who have been removed from the register in accordance with Section 23 of the Pharmacy Act, 53 of 1974 and the *Regulations relating to the registration of persons and the maintenance of the registers* (GNR.1160 of 20 November 2000);
- 3.2 the terms and conditions of this contract.

4. DURATION OF EMPLOYMENT

The **PHARMACIST** shall be employed by the approved pharmacy to work as **pharmacist working under supervision** for a specified period depending on the time period for which they have been removed from the register, which employment shall commence on:

(Commencement Date)			/			/	2	0		
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NOTE: The date of commencement cannot be a date earlier than the date of registration as **pharmacist working under supervision** with the South African Pharmacy Council.

5. DUTIES OF THE SUPERVISOR

- 5.1 The **SUPERVISOR** shall accept and take the **PHARMACIST WORKING UNDER SUPERVISION** and, to the utmost of his/her skill and knowledge, mentor the **PHARMACIST WORKING UNDER SUPERVISION** or cause him/her to be familiar in the practice and profession of a pharmacist and all matters incidental thereto in terms of the applicable legislation.
- 5.2 During the course of this contract, the **SUPERVISOR** shall ensure that he/she remains on the registers of Council and refrain from performing any acts, which may cause prejudice to the **PHARMACIST WORKING UNDER SUPERVISION**.

NOTE: Where a **pharmacist working under supervision's** rights are prejudiced through wrongful conduct of a supervisor, such conduct shall be reported to the Council for investigation in terms of the *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Pharmacy Act* by the **pharmacist working under supervision**.

6. ATTENDING TO THE BUSINESS OF THE SUPERVISOR

During employment in terms of this contract the **PHARMACIST WORKING UNDER SUPERVISION** shall not be employed in any trade, business or undertaking other employment than that of the **SUPERVISOR**; except where such employment forms part of the supervision.

7. EXTENSION OF DURATION OF CONTRACT

- 7.1 The duration of this contract shall be extended beyond the period referred to in clause 4 should the **PHARMACIST WORKING UNDER SUPERVISION** not meet the restoration requirements at the conclusion of the prescribed period.
- 7.2 Absence of the **PHARMACIST WORKING UNDER SUPERVISION** from the pharmacy which gives rise to the extension of the duration of this contract shall in every instance be reported by the **SUPERVISOR** to the Council, in which event the employment of the **PHARMACIST WORKING UNDER SUPERVISION** in terms of this contract shall endure for that further period.
- 7.3 The provisions of clauses 7.1 and 7.2 above have been inserted in this contract without prejudice to the **SUPERVISOR'S** right to cancel this contract in the event of the **PHARMACIST WORKING UNDER SUPERVISION** absenting himself/herself from the approved pharmacy without a legal cause.

8. DISCONTINUANCE OF PRACTICE

In the event of the discontinuance of his/her practice as a pharmacist in the Republic for any reason whatsoever, the **SUPERVISOR**:

- 8.1 shall not be liable for compensation of any nature whatsoever to the **PHARMACIST WORKING UNDER SUPERVISION** or his/her successors in title;
- 8.2 shall so far as lies in his/her power, endeavour to find some other pharmacist approved by Council for purposes of supervising the pharmacist for the remainder of its duration.
- 8.3 shall cede this contract for the remainder of its duration to another pharmacist.

9. AMENDMENTS TO CONTRACT

- 9.1 No alteration, variation or waiver of any provision of this contract shall be of any force or effect unless it is recorded in writing and signed by the parties hereto and approved by Council.
- 9.2 This contract shall become null and void if the **PHARMACIST WORKING UNDER SUPERVISION** fails to comply with the registration requirements for restoration of a pharmacist.
- 9.3 The parties to this agreement may not enter into any additional agreement(s) with each other regarding the subject matter hereof.



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Signed at	
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On this		Day of		2	0		
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Signature		Signature	
Supervisor		Responsible Pharmacist	
Signed at			

On this		Day of		2	0		
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Signature		Signature	
Pharmacist working under supervision		Responsible Pharmacist	

Please note:

- **The requirements of the Basic Conditions of Employment Act, 1997 (Act 75 of 1997) must be adhered to.**