





# The South African Pharmacy Council

591 Belvedere Street, Arcadia, Pretoria, 0083; 40040, Arcadia, 0007; www.pharmcouncil.co.za  
7 (12) 319-8500; Fax: 27 (12) 321-1492; e-mail: interns@pharmcouncil.co.za

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## APPLICATION FOR PERMISSION TO ACT AS A TUTOR OF A PHARMACIST INTERN ... (CONTINUED)

1/ ... Continued

SECTION C: PARTICULARS OF CONTINUING PROFESSIONAL DEVELOPMENT/CONTINUING EDUCATION UNDERTAKEN BY PROSPECTIVE TUTOR	Office Use Only
<p><b>Additional qualifications</b> (degrees and diplomas) and date obtained:</p> <p>_____ DD / MM / YYYY</p> <p>_____ DD / MM / YYYY</p> <p>_____ DD / MM / YYYY</p> <p><b>Post-registration experience</b> in the different branches of pharmacy: (state period e.g. 15 months)</p> <p>a) academic <input type="text"/></p> <p>b) community <input type="text"/></p> <p>c) institutional (hospital) <input type="text"/></p> <p>d) pharmaceutical manufacturing <input type="text"/></p> <p>e) pharmaceutical wholesale/distribution <input type="text"/></p> <p>f) other (please specify): _____ <input type="text"/></p> <p><b>Community activities</b> in which prospective tutor has been active (apart from day to day work in his/her particular branch of pharmacy):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Attendance courses</b> e.g. rational drug use, clinical pharmacy or cholesterol screening:</p> <p>_____ DD / MM / YYYY</p> <p>_____ DD / MM / YYYY</p> <p><b>Informal seminars</b> e.g. lectures presented by pharmaceutical companies:</p> <p>_____ DD / MM / YYYY</p> <p>_____ DD / MM / YYYY</p> <p><b>Reading of practice-orientated, professional journals</b> (provide examples of names of journals):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<b>SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</b>	
<p><b>Note:</b> An inspection for purposes of training will be arranged on receipt of the duly completed application form and applicable fees.</p> <p>I, the above applicant, submit the following in support of my application:</p> <p>a) evidence of continuing professional development/continuing education <input type="checkbox"/></p> <p>b) a delegation form (if actual practical training is delegated to a pharmacist other than the prospective tutor) <input type="checkbox"/></p> <p>c) evaluation fee – training inspection: <b>R663.48</b> (VAT incl.) (refer note B) <input type="checkbox"/></p>	<p>Mark with a ✓</p>



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## APPLICATION FOR PERMISSION TO ACT AS A TUTOR OF A PHARMACIST INTERN ... (CONTINUED)

2/... Continued

SECTION E: NORMAL RATIO OF LEARNERS TO A PHARMACIST	Mark X In the appropriate Box	Office Use Only
Pharmacist intern		
Pharmacist intern and 3 learner basic pharmacist's assistants		
Pharmacist intern and 2 learner Post basic pharmacist's assistants		
3 learner basic pharmacist's assistants		
2 learner Post basic pharmacist's assistants		

Section G should be accompanied by motivation in terms of Regulation 31 of the regulations relating to pharmacy education and training

NB. Only a pharmacist who has at least 3 years post-registration experience as a pharmacist can fill part G.

SECTION F: INCREASED RATIO OF LEARNERS TO A PHARMACIST	Mark X In the appropriate Box	Office Use Only
5 learner basic pharmacist's assistants		
5 learner post basic pharmacist's assistants		
4 learner basic pharmacist's assistants		
4 learner post basic pharmacist's assistants		
2 learner post basic pharmacist's assistants + 1 learner basic pharmacist's assistants		
1 learner post basic pharmacist's assistants + 1 learner basic pharmacist's assistants		
2 learner basic pharmacist's assistants + 1 learner post basic pharmacist's assistants		
2 learner basic pharmacist's assistants+ 2 learner post basic pharmacist's assistants		
3 learner basic pharmacist's assistants + 2 learner post basic pharmacist's assistants		
2 learner basic pharmacist's assistants + 3 learner post basic pharmacist's assistants		

SECTION G: DECLARATION BY APPLICANT	Office Use Only
<p>I, the above applicant, declare that:</p> <p>a) I herewith include all the applicable documentation/fees mentioned in Section D above;</p> <p>b) I consider myself to be professionally highly competent, strongly motivated and maintain high ethical standards;</p> <p>c) I will attend as far as possible any training sessions provided by Council in collaboration with pharmacy schools;</p> <p>d) I agree to permit the inspection of the premises for suitability for purposes of practical training of a pharmacist intern;</p> <p>e) if this application is approved, the Council's requirements and conditions relating to the practical training of pharmacist interns will be observed;</p> <p>f) in the event that I intend to delegate the internship of the pharmacist intern to another pharmacist in terms of the REGULATIONS RELATING TO PHARMACY EDUCATION AND TRAINING, the applicable delegation form will be submitted to Council before commencement of such practical training;</p> <p>g) in the event that I am unable to act as tutor of the pharmacist intern during the period of internship, a cession of contract in terms of the REGULATIONS RELATING TO PHARMACY EDUCATION AND TRAINING, will take place and the applicable documentation and fees will reach Council before such cession comes into effect;</p> <p>h) I am fully conversant with the legislation relating to pharmacy;</p> <p>i) I practise FULL TIME at the above premises; and</p> <p>j) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/></p>	

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR



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I04

## APPLICATION FOR PERMISSION TO ACT AS A TUTOR OF A PHARMACIST INTERN ... (CONTINUED)

3/ ... Continued

SECTION H: 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><b>SIGNATURE OF COMMISSIONER OF OATHS</b> _____</p>	<p style="text-align: center;"><b>STAMP</b></p>     <p style="text-align: center;"><small>(Full names, capacity, address and contact details of Commissioner of Oaths)</small></p>

**Note A:** A change of address must be submitted to the registrar within 30 days of such change.

**Note B:** Fees are subject to change without further notification.



## APPLICATION FOR PERMISSION TO ACT AS A TUTOR OF A PHARMACIST INTERN ... (CONTINUED)

4... Continued

### GENERAL INFORMATION REGARDING THE APPROVAL OF TUTORS AND PREMISES FOR THE TRAINING OF PHARMACIST INTERNS AND PHARMACISTS' ASSISTANTS

The following criteria are applied by Council in the approval of tutors and premises for the training of pharmacist interns and pharmacists' assistants:

#### 1. Criteria for approval of tutors and premises

##### Pharmacist interns

- (i) Before a pharmacist can be approved as a tutor he/she must have at least 3 years post-registration experience as a pharmacist. In certain circumstances, an application accompanied by a suitable motivation may be submitted to Council for consideration of a pharmacist who has two (2) years post-registration experience for approval as a tutor.
- (ii) The prospective tutor must convince the Registrar that he/she is abreast of professional knowledge in order to maintain a high standard of competence relative to his/her activity.
- (iii) A pharmacist with a suspended sentence may not act as a tutor.
- (iv) The prospective tutor must demonstrate that sufficient activities relating to the scope of practice of pharmacists are performed in the pharmacy, in order to ensure sufficient exposure of the intern to the profession.
- (v) The pharmacy must comply with good pharmacy practice standards as laid down by Council from time to time.

##### Pharmacists' assistants

In the approval of tutors and pharmacies for the training of pharmacists' assistants criteria (i) and (ii) *supra* are less stringently applied. This is because of the need to train large numbers of pharmacy support personnel, as well as the difference in the functions performed by pharmacist interns and pharmacist's assistants.

#### 2. Delegation of training.

In the event of the pharmacist-in-charge being registered as a tutor and intending to delegate the practical training of a pharmacist intern to another pharmacist in terms of the REGULATIONS RELATING TO PHARMACY EDUCATION AND TRAINING, the applicable delegation form (I05) must be submitted to Council before commencement of such practical training.

#### 3. Cession of contracts.

In the event that the tutor is no longer able to act as tutor of a pharmacist intern(s) during the period of internship, a cession of contract in terms of the REGULATIONS RELATING TO PHARMACY EDUCATION AND TRAINING, must take place. The applicable documentation (found in the pre-registration manual) must reach Council before such cession comes into effect.

#### 4. Inspection of pharmacies.

In the event that the approval of the pharmacy for training purposes is no longer valid, the prescribed evaluation fee must be included with the application.