

APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN ... (CONTINUED)

1/... Continued

SECTION C: PARTICULARS OF 400 HOURS OF PRACTICAL TRAINING (ACADEMIC INTERNS AND INTERNS IN MANUFACTURING PHARMACY ONLY)	Office Use Only		
<p>Name of pharmacy: <input style="width: 100%;" type="text"/></p> <p>Pharmacy registration no: <input style="width: 100%;" type="text"/></p> <p>Sector of pharmacy: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector</p> <p>Branch of pharmacy: <input type="checkbox"/> Institutional (hospital) <input type="checkbox"/> Community</p> <p>Supervising pharmacist registration no: <input style="width: 100%;" type="text"/> Supervising pharmacist acc no: (if available) <input style="width: 100%;" type="text"/></p> <p>Supervising pharmacist surname/last name: <input style="width: 100%;" type="text"/></p> <p>Supervising pharmacist title: <input style="width: 100%;" type="text"/> Supervising pharmacist initials: <input style="width: 100%;" type="text"/></p>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"> <p style="text-align: center;">Attach photograph here</p> </div> <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) 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> <p>Note G: Fees are subject to change without further notification.</p>		
<p style="text-align: center;">SECTION D: SUPPORTING DOCUMENTATION AND APPLICABLE FEES</p> <p>I, the above applicant, submit the following in support of my application:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <p>a) a certified copy of my identity document or passport (refer notes E and F)</p> <p>b) a recent colour photograph of myself (passport size) – attached alongside</p> <p>c) the original internship contract entered into by and between myself and the tutor specified in Section B</p> <p>d) a delegation form (if actual practical training is delegated to a pharmacist other than the tutor specified in Section B)</p> <p>e) evidence that the applicant has complied with the requirements of a qualification in pharmacy (BPharm degree) may be submitted by the provider of qualification (university) OR a certified copy of the qualification in pharmacy (BPharm degree)</p> <p>f) documentary evidence that I have registered with a provider of qualification in pharmacy (university) for a course in study which will lead to at least a master's degree (academic interns only)</p> <p>g) full particulars of the proposed post-graduate study or research to be undertaken (academic interns only)</p> <p>h) proposed registration fee – internship 2009: R926.21 (VAT incl.) (refer note G)</p> </td> <td style="width: 20%; text-align: center; vertical-align: top;"> <p>Mark with a ✓</p> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> </td> </tr> </table>		<p>a) a certified copy of my identity document or passport (refer notes E and F)</p> <p>b) a recent colour photograph of myself (passport size) – attached alongside</p> <p>c) the original internship contract entered into by and between myself and the tutor specified in Section B</p> <p>d) a delegation form (if actual practical training is delegated to a pharmacist other than the tutor specified in Section B)</p> <p>e) evidence that the applicant has complied with the requirements of a qualification in pharmacy (BPharm degree) may be submitted by the provider of qualification (university) OR a certified copy of the qualification in pharmacy (BPharm degree)</p> <p>f) documentary evidence that I have registered with a provider of qualification in pharmacy (university) for a course in study which will lead to at least a master's degree (academic interns only)</p> <p>g) full particulars of the proposed post-graduate study or research to be undertaken (academic interns only)</p> <p>h) proposed registration fee – internship 2009: R926.21 (VAT incl.) (refer note G)</p>	<p>Mark with a ✓</p> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/> <input style="width: 100%; height: 20px;" type="checkbox"/>
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<p style="text-align: center;">SECTION E: DECLARATION BY APPLICANT</p> <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 will have completed successfully a qualification in pharmacy (BPharm degree) by the envisaged date of commencement of my internship;</p> <p>c) I have not been found guilty of any offence under the Pharmacy Act, 1974, as amended; and</p> <p>d) the information furnished herewith is true and correct.</p> <p>Applicant's Signature: _____ Application Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/></p>			
<p style="text-align: center;">SECTION F: DECLARATION BY COMMISSIONER OF OATHS</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>	<div style="border: 1px solid black; padding: 10px; width: 100%; height: 100%;"> <p style="text-align: center; font-weight: bold;">STAMP</p> <p style="text-align: center; font-size: x-small;">(Full names, capacity, address and contact details of Commissioner of Oaths)</p> </div>		

Note: Once registered with Council as a pharmacist intern the applicant is entitled to practise as a pharmacist's assistant (post-basic) under the direct personal supervision of a pharmacist.

ALL CORRESPONDENCE TO BE ADDRESSED TO THE REGISTRAR