


## Change of tutor for Pharmacist Assistants via Internet

- Access the South African Pharmacy Councils webpage ( [www.sapc.za.org](http://www.sapc.za.org))

- Click on the red “Login” (top right). 

- Click on the “Registered Person” Button” 

- Fill in your P number, ID number and password and click on the green “Enter” button.




P Number

ID/Passport Number

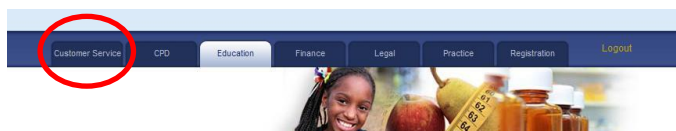
Password

- Select “Above details are correct” or “Update the above details” if applicable.


NB: Confirm/Update your contact information by choosing one of the options below.

 <b>Telecommunication Details</b>	 <b>Notices</b>	
Cell Number: Business Number: Email Address:	<a href="#">Click Here</a> to [Accept/Decline] tutor association	
 <b>Address Details</b>		
Postal	Residential / Physical	Courier
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Above details are correct"/>		<input type="button" value="Update the above details"/>

- Once you are logged in, select the “Customer Services” tab at the top.



- Select the Pharmacist assistant - change of tutor application in the Applications column.

 **Applications**

My balance outstanding : R -377.77

- ❖ Voluntary removal from SAPC register
- ❖ Student / Learner Applications
- ❖ Application for extension of registration
- ❖ **Pharmacist assistant - change of tutor**
- ❖ Pharmacist assistant - change of provider
- ❖ Pharmacist assistant - change of pharmacy

- Now select a Payment Option and then select “Next”.

**STEP 1 OF 3 (Application Information)**

Application Cost (VAT inclusive): **R 377.77**

Payment Options	Contact Information
<p><input type="radio"/> Credit Card / Payment Gateway</p> <p><input checked="" type="radio"/> EFT / Bank deposit</p> <p><input type="radio"/> SID Instant EFT</p>	<p>Name: Delmari Myburgh</p> <p>Cell Number: 0824343652</p> <p>Business Number: 0824343652</p> <p>Email Address: tjdebeer@telkomsa.net</p> <p><a href="#">Click Here</a> to update contact information.</p>
	<p><b>Pharmacy details</b></p> <p>Pharmacy: Y52205 - Scriptwise Courier Pharmacy</p> <p>Pharmacy Category: Community Pharmacy</p>
	<p><b>Current tutor details</b></p> <p>Tutor: P36100 - Ms. Tiffany Erasmus</p> <p>Tutor Link Status: Active</p> <p>Start Date: 07/12/2016</p>

- Now select a Tutor at the facility and then select “Next”.

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**CHANGE OF TUTOR FOR A PHARMACIST'S ASSISTANT (LEARNER BASIC OR LEARNER POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974**

**STEP 2 OF 3 (Particulars of facility and tutor)**

Y Number	Registered Name	Pharmacy Type
Y52205	Scriptwise Courier Pharmacy	Community Pharmacy

**Tutor Details**

<input type="radio"/> P36100-T ERASMUS Capacity: 0 End Date: 31/12/2018	<input type="radio"/> P17647-N GROBLER Capacity: 2 End Date: 31/12/2018
<input type="radio"/> P16813-D MOODIE Capacity: 3 End Date: 31/12/2018	<input checked="" type="radio"/> P00824-WJ BESTER Capacity: 1 End Date: 31/12/2018
<input type="radio"/> P04640-S KOEKEMOER Capacity: 2 End Date: 31/12/2018	<input type="radio"/> P17553-C GREEF Capacity: 3 End Date: 31/12/2018
<input type="radio"/> P22536-M ROSSOUW Capacity: 4 End Date: 31/12/2018	<input type="radio"/> P01429-MA BRINK Capacity: 3 End Date: 31/12/2018

- Now read the declaration and select “I Accept”.

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**STEP 3 OF 3 (Declaration)**

**I, as the applicant herein, declare that:**

- The information that I have provided herein is true and correct. In the event that the Council becomes aware of any false information, the Council shall have the right to summarily reverse any registration status changes as a result of this application;
- I have not disclosed my information to enable persons other than myself to complete this application;
- I give the Council consent that the Council may, by any appropriate means, verify the information supplied herein;
- Should the Council so request, I confirm that I will provide the original documents, where certified copies of such documents have been included as part of this application;
- In the event of any information provided herein, I undertake to notify the Registrar of such changes within 30 days of such changes becoming applicable;
- I am in good standing with Council and have no disciplinary action pending against me in terms of Chapter V of the Pharmacy Act, 53 of 1974. I further declare that I have no criminal action or other judicial action pending against me that may give rise to disciplinary action against me in terms of Chapter V of the Pharmacy Act;
- I am authorized, alternatively competent, alternatively meet all the requirements to complete this application; h. I shall adhere to all the timeframes stipulated by Council in terms of this application. I further declare that any failure by myself to meet such timeframes this application shall be deleted from the system and I shall be required to submit a new application;
- I shall adhere to all the timeframes stipulated by Council in terms of this application. I further declare that any failure by myself to meet such timeframes this application shall be deleted from the system and I shall be required to submit a new application;
- I acknowledge that this application is valid for 60 days from date of receipt by the Office of the Registrar. I further declare that should I fail to submit all the required supporting documentation and/or fees/proof of payment of fees within 60 days of this application, this application will be invalid and all fees (excluding annual fee) that may have been paid herewith shall be forfeited;
- I am aware that once this application has been submitted, there will be no refund of the registration fee paid and the said paid annual fee will be refunded on a pro rata basis
- I will inform the Council if my status effected by this application changes. (e.g resignation as a Responsible Pharmacist);
- I am the person to whom the qualification has been awarded, which qualification details are contained herein (where applicable);
- I specifically comply with the criteria for registration of additional qualifications (where applicable);
- I have duly completed the qualification of the BPharm degree (where applicable);
- I hereby agree to an inspection of the pharmacy identified in the application (where applicable);

- Now select “Browse” to attach your proof of payment. Find it and select open. Once attached select “Save”.

CHANGE OF TUTOR FOR A PHARMACIST'S ASSISTANT (LEARNER BASIC OR LEARNER POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974

EFT / Bank Deposit Payment

**Summary**

Application : Pharmacist assistant - change of tutor  
 Cost : R 377.77

Please note that by paying via EFT or by Direct Deposit, the application cannot be completed unless proof of payment has been uploaded. There may be a lead time of up to 14 days for the final processing of the application in order to complete all processes. Kindly ensure that you use the Y number as the beneficiary reference on such deposit or transfer. An Application will not be processed until funds have been cleared.

**Tutor Accept/Decline**  
 Your selected tutor needs to accept or decline the tutorship within 5 days and if no action, the application will lapse. If your tutor declines- You have 15 days to select another tutor and if no action, the application will lapse.

**Proof Of Payment**  
 Proof of payment is not compulsory at this stage. However no case will be created until proof of payment has been uploaded using the pending/history application page.

**Browse...** no file selected.

[Back Home](#) [Save](#)

- The following screen will appear.

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CHANGE OF TUTOR FOR A PHARMACIST'S ASSISTANT (LEARNER BASIC OR LEARNER POST-BASIC) IN TERMS OF THE PHARMACY ACT 53 OF 1974

**Application submitted successfully !**

**Summary**

Application : Pharmacist assistant - change of tutor  
 Cost : R 377.77

Your application has been submitted successfully! A SMS will be sent to **0824343652** confirming your application case number.

Thank you.  
 SAPC

[Click here](#) to view history/pending application.

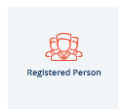
[Back Home](#)

- Log out and let the tutor sign in.

- Click on the red “Login” (top right).



- Click on the “Registered Person” Button”



- Fill in your P number, ID number and password and click on the green “Enter” button.

P Number

ID/Passport Number

Password

[Enter](#)

- Select “Click here” to [Accept/Decline] tutor association under the Notices heading.

NB: Confirm/Update your contact information by choosing one of the options below.

**Telecommunication Details**

Cell Number:

Business Number:

Email Address:

**Address Details**

Postal:

Residential / Physical:

Courier:

- The learner will appear in the first column under the heading Intern/Assistant (new) - *Your Learner*. Click Select.

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ACCEPT/DECLINE LEARNER(S) AND/OR INTERN(S) PRACTICAL TRAINING ASSOCIATION.

**Response List**

Select a learner/Intern from the list below to Accept/Decline

Interns/Assistant	Role Type	
(new) -	Pharmacist Assistant Learner Post Basic	Select

- Now verify the learner and training site details and enter today’s date in the block that says Practical training start date. Click on “I Accept” to finalize the registration or “Decline” if this is not your learner

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ACCEPT/DECLINE LEARNER(S) AND/OR INTERN(S) PRACTICAL TRAINING ASSOCIATION.

**Response List**

Select a learner/Intern from the list below to Accept/Decline

Interns/Assistant	Role Type	
(new) -	Pharmacist Assistant Learner Post Basic	Select

**Tutorship Details**

Name: (new)

Role: Pharmacist Assistant Learner Post Basic

Pharmacy:

Practical training start date:

Acceptance of the above appointment as a tutor

By clicking **I Accept** you are agreeing to such an appointment, as well as the duties and responsibilities of a tutor as set out in Regulation 28 of the REGULATIONS RELATING TO THE PRACTICE OF PHARMACY.

- Once you selected “I Accept” the following screen will appear. Select Ok and please notify the S Buys Academy that you have accepted the learner via e-mail/telephone.

Saved

Appointment accepted

ACCEPT/DECLINE LEARNER(S) AND/OR INTERN(S) PRACTICAL TRAINING ASSOCIATION.

**Response List**

Select a learner/Intern from the list below to Accept/Decline

No Interns/learners Listed!