

Dear Healthcare Professional

## **COURSE REQUIRED BY HEALTHCARE PROFESSIONALS TO APPLY FOR A DISPENSING LICENSE WITH THE NATIONAL DEPARTMENT OF HEALTH**

Herewith are details of the course required by healthcare professionals to apply for a Dispensing License with the National Department of Health.

### **1. Introduction to the course**

According to the Medicines and Related Substances Control Act (Act 101 of 1965 Section 22C(2)), any healthcare professional who intends to dispense medicine must apply for a dispensing license with the Director-General of Health. The license will only be issued once the applicant provides proof of completing a supplementary dispensing course.

The **S Buys Academy** is an accredited provider of the dispensing course with the South African Pharmacy Council (SAPC). The course is accredited as a short course (over 4 months). **It is also accredited by the Health Professions Council of South Africa (HPCSA) as a CPD course worth 30 points.**

The learner will be issued a "Dispensing for Health Care Professionals Certificate" upon completing the course. This certificate must be submitted with the application for a license to dispense medicine to the Director-General of Health.

Feel free to visit the Academy's webpage at [www.sbuys.co.za](http://www.sbuys.co.za) for the step-by-step procedure to apply for a Dispensing Licence.

### **2. Minimum requirements**

The minimum requirements to enrol for the Dispensing Course for Healthcare Professionals are as follows:

- **Medical Practitioner:**

- A qualified Medical Practitioner is a person who has obtained a Bachelor of Medicine at a university and is registered as such with the HPCSA, and
- Completed compulsory Internship and Community Service for health professionals as governed by the Health Professions Act, 1974 (Act 56 of 1974)

- **Nurses:**

- A Registered General Nurse (who completed a Diploma in Nursing on a three-year course plan) registered as such with SANC, or a Registered Professional Nurse or Midwife (who completed a Bachelor of Nursing on a four-year programme at a university) registered as such with SANC, and
- Completed compulsory Community Service for health professionals as governed by the Health Professions Act, 1974 (Act 56 of 1974)

**\*\*Please note that a Nursing Auxiliary with a Higher Certificate in Nursing (a one-year programme) does not meet the minimum requirements. \*\***

If the above minimum requirements are not met, for example, if the prospective applicant is still completing their Community Service year, they should initially apply for a Dispensing Licence with the National

Department of Health. If the licence is conditionally approved, the applicant can then use it to enrol in the Dispensing course for Healthcare Professionals.

### 3. Course structure

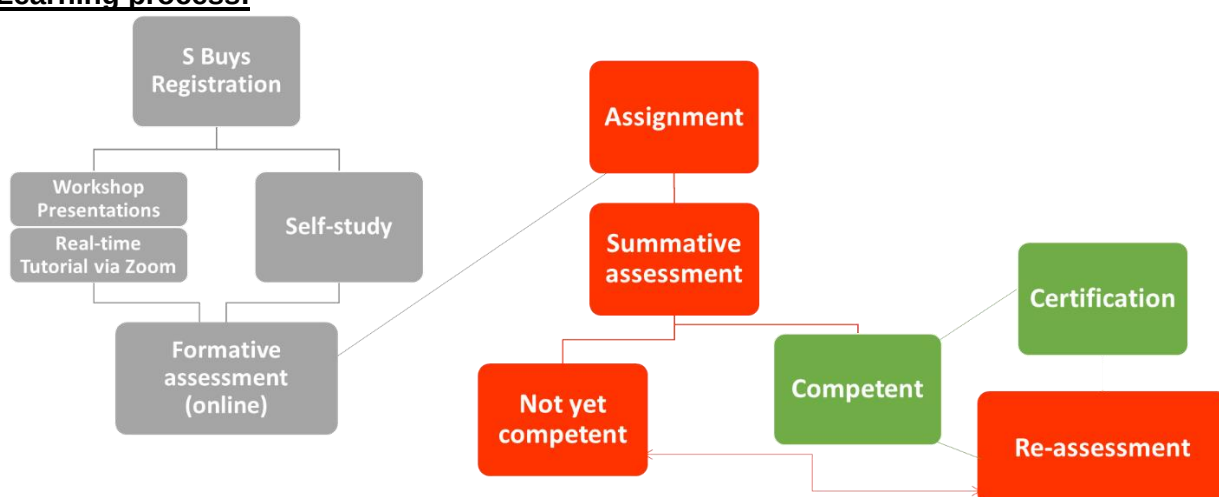
The course is divided into five study units, namely:

| Study Unit | Title                                                                         | Credits           |
|------------|-------------------------------------------------------------------------------|-------------------|
| 1          | Legal and Ethical Framework for Dispensing in South Africa                    | 7                 |
| 2          | Basic Pharmaceutical and Pharmacological Considerations in Dispensing         | 7                 |
| 3          | Good Dispensing Practice                                                      | 7                 |
| 4          | Generic Substitution and the Importance of Patient Compliance when Dispensing | 4                 |
| 5          | Drug Supply Management Supporting Dispensing                                  | 5                 |
|            |                                                                               | <b>30 credits</b> |

**All learners are assessed in three ways, namely:**

- Formative assessment:** Formative assessments are multiple-choice questions on the e-learning platform. A competence of 70% is required, and the platform will allow the learner unlimited opportunities to reassess the formative assessment until competence is reached.
- Assignment on dispensing in practice:** Each learner receives a document outlining the assignment requirements and the tasks to be completed. The assignment is the course's practical assessment. Competence must be achieved before the final certificate will be issued.
- Summative assessment:** This is the final knowledge assessment in the form of case studies. Learners may use their textbooks as a reference. The summative assessment tests the learner's ability to apply the knowledge gained. Summative assessments are written in the presence of an invigilator as arranged with the S Buys Academy. A learner will be allowed 5 hours to complete the summative assessment. Competence must be reached in each question (questions test specific outcomes for which competence is required) before the final certificate will be issued.

### 4. Learning process:



### 5. Course delivery and fees:

**A learner needs access to a laptop, tablet or smartphone with data to do the course at R4 750.00 (incl. VAT)**

- The workshop is presented as pre-recorded sessions on S Buys Academy's e-learning platform.
- You have to work through these presentations on your own time.

- The presentations follow each other, and you must watch each one before proceeding to the next, as you cannot continue until you have finished the previous one.
- The Academy has a live, real-time tutorial session via Zoom scheduled for the last Wednesday of each month from 10:00 to 11:00 in the morning. You may attend as many of these sessions (over the 4-month course period).
- You have to book the real-time tutorial by registering on the e-learning platform.
- Once all audiovisual presentations have been watched, the learner can access the formative assessments.
- Upon competence of all the formative assessments, the learner can submit the assignment and book for the summative assessment.
- Competence in both the assignment and the summative assessment is required before the certificate is issued.
- Upon course completion, a Certificate is issued, which the learner can use to apply for a Dispensing License with the National Department of Health.

***Additional fees:***

- The following additional fees are payable upon reassessment:
  - ✓ Reassessment of assignment: **R520** (incl. VAT)
  - ✓ Reassessment of summative: **R520** (incl. VAT)
- Readmission: A learner may progress at their own speed and be allowed **4 months** to complete the course. If the course is incomplete, the learner must apply for an extended contract period of 4 months (the readmission form is available on the e-learning platform or from [dispensing@sbuys.co.za](mailto:dispensing@sbuys.co.za)).

Full payment is expected upon enrolment.

***Payments can be made directly into our bank account:***

Name of Account: S Buys Academy  
 Bank: ABSA (632005)  
 Account number: (Cheque) 40 54 41 46 95  
 Reference: Name and surname of candidate / ID number

**Please email the application form, along with the applicable documents and proof of payment, to [dispensing@sbuys.co.za](mailto:dispensing@sbuys.co.za).**

**FOR ENQUIRIES CONTACT (018) 788 2102 / 2103 and request to speak to Gertruida or email [dispensing@sbuys.co.za](mailto:dispensing@sbuys.co.za).**

Please don't hesitate to contact us should you have any further queries.

Kind regards,

***Estelle Victor***

*Executive Manager: S Buys Academy (Pty) Ltd*



## Application for registration: Dispensing for Healthcare professionals

**DISP**

For Office use only

### Personal Information:

|                                                                                                                                                |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--------|--|--|----------|--|--|--------|--|--|-------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Title:</b>                                                                                                                                  |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Surname:</b>                                                                                                                                |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First name(s):</b>                                                                                                                          |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ID number:</b>                                                                                                                              |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Professional qualification:</b>                                                                                                             |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  | Year obtained: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Occupation:</b>                                                                                                                             |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Professional body registration no.:</b><br>(HPCSA / SANC)                                                                                   |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Practice number:</b>                                                                                                                        |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Race:</b> (Tick one)                                                                                                                        | Black                                                                                                    |  |  | White  |  |  | Coloured |  |  | Indian |  |  | Asian |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Gender:</b> (Tick one)                                                                                                                      | Male                                                                                                     |  |  | Female |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Contact numbers:</b>                                                                                                                        | Home:                                                                                                    |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  | Work:          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                | Cell:                                                                                                    |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Email address must be filled in:</b>                                                                                                        |                                                                                                          |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Full address where study material must be couriered:</b><br>(You must be available during working hours at this address to ensure delivery) | Address 1:<br>Address 2:<br>Town:<br>Province:<br><br><div style="text-align: right;">Postal code:</div> |  |  |        |  |  |          |  |  |        |  |  |       |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Employer Information:

|                                            |                 |  |  |                |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------|-----------------|--|--|----------------|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Employer:</b> (Tick one)                | Private sector: |  |  | Public Sector: |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Name of the practice of employment:</b> |                 |  |  |                |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>If in the public sector:</b>            | Sub-district:   |  |  |                |  |  |  |  |  |  | District: |  |  |  |  |  |  |  |  |  | Region: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Name of Owner/Manager:</b>              |                 |  |  |                |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Contact details of employer:</b>        | Tel:            |  |  |                |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  | Cell:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                            | Email:          |  |  |                |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Payee Information:

|                                                                          |                                                                        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Amount incl. VAT payable:</b>                                         |                                                                        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Who should be invoiced:</b><br>(Tick one)                             | Self-funded:                                                           |  |  | Employer: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Name of person or company to be invoiced:</b>                         |                                                                        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Company VAT number:</b>                                               |                                                                        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Contact person at the company:</b>                                    |                                                                        |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Contact details of payee:</b>                                         | Tel:                                                                   |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Cell: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                          | Email:                                                                 |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Address for correspondence:</b><br>(Person or company to be invoiced) | Address:<br><br><br><div style="text-align: right;">Postal code:</div> |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Documentation to be attached to this application:**

|    | <b>List of documents</b><br>2026                                          | <b>Check yourself</b> | <b>For office use only</b> |
|----|---------------------------------------------------------------------------|-----------------------|----------------------------|
| 1. | Clear and legible copy of the ID document                                 |                       |                            |
| 2. | Proof of registration for 2026/7 with a Professional Body (HPCSA or SANC) |                       |                            |
| 3. | Proof of payment of course fees                                           |                       |                            |

**Information regarding fees:**

|    |                                                                                                                                                                                                                                                                                                                                                                    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | The applicant is responsible for paying all reassessment fees!!                                                                                                                                                                                                                                                                                                    |
| 2. | The learner will be charged a cancellation fee for failing to attend a booked summative assessment.                                                                                                                                                                                                                                                                |
| 3. | If a learner is found guilty of any fraudulent activity related to the course, they will be suspended for 3 months and fined a penalty fee.                                                                                                                                                                                                                        |
| 4. | A learner is eligible for a partial refund of course fees, provided a cancellation form is emailed to <a href="mailto:dispensing@sbuys.co.za">dispensing@sbuys.co.za</a> within the first month of the onset of the course, and no assignments or summative assessments have been written or submitted for assessment. R1400 of the course fees is non-refundable. |

**PLEASE NOTE THAT NO APPLICATION FORM WILL BE PROCESSED WITHOUT ALL THE NECESSARY SUPPORTING DOCUMENTS OR INCOMPLETE INFORMATION.**

**CONTRACTUAL AGREEMENT**

I, ....., the undersigned, declare that this document constitutes a binding agreement upon the terms set out herein between myself and S Buys Academy (Pty) Ltd (hereinafter referred to as the Academy) upon its execution.

- I understand that it is **my responsibility to notify the Academy within 5 working days of any changes to my personal information.**
- I note that unless an alternative arrangement can be made for my study material to be sent to me, I will be liable for courier fees exceeding R100.00.
- I note that if the Academy has to resend study material or certificates, I will be liable for the additional courier costs incurred.
- I take note that the Academy will not allow me to book for my final summative assessment if any fees are outstanding.
- I also understand that the Academy will be under no obligation to issue any final results if any amounts are outstanding on my account.
- In line with Section 15 of the Protection of Personal Information Act, 4 of 2013, I hereby give my consent freely and voluntarily that the Academy, its data operators, and its employees may collect, process, share, and store my personal data obtained through this document including future documents, such as notification forms, assessments and assignments, in the day to day business regarding the completion of this course, to create a profile and update it from time to time. The Academy and its employees may also share the information obtained to report on the progress of my studies to my coordinator, employer, or funder, as applicable.
- I understand that the personal information I recorded and stored by the Academy is protected in accordance with the Protection of Personal Information Act (4 of 2013). Any additional personal information I supply will be subject to the same standard of confidentiality and protection.
- I understand that I may enquire about what personal information the Academy shares and why it is necessary. I understand that I have the right to object to the processing of my personal data and to request its correction or deletion at any time.

The Academy may ☐ / may not ☐ (tick the relevant box) send me marketing information about new courses or products via email in the future.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed on behalf of S Buys Academy: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Application approved:

☐ Yes

☐ No

Registration number: \_\_\_\_\_