



DEPARTMENT OF HEALTH
DIRECTORATE: PHARMACEUTICAL PROGRAMMES AND PLANNING
 PRIVATE BAG X828, PRETORIA 0001
 TELEPHONE : 012-312-3292/ FACSIMILE : 012-312-3102

APPLICATION FOR A LICENCE TO COMPOUND OR DISPENSE MEDICINES IN TERMS OF SECTION 22C (1) (a) OF THE MEDICINES AND RELATED SUBSTANCES ACT, 1965 (ACT 101 OF 1965) AS AMENDED

***SECTION A: GENERAL INFORMATION**

1. Title																				
2. Surname of Applicant																				
3. Full names of Applicant																				
4. Identity Number of Applicant																				

***SECTION B: RESIDENTIAL ADDRESS**

1. Street Address of Applicant																				
Code																				
2. Postal Address of Applicant																				
Postal Code																				

***SECTION C: BUSSINESS ADDRESS**

1. Street Address of premises																				
Code																				
2. Postal Address of premises																				
Postal Code																				
Home Telephone Number										-										
Bussiness Phone Number										-										
Fax Number of Applicant										-										
Mobile Phone Number of applicant										-										
E-mail address																				

***SECTION D: PARTICULARS OF APPLICANT**

Qualification(s)																				
Name of Statutory Council																				
Statutory Council Registration Number																				
Competencies (Mark with X)	* Section 22C(2) supplementary compounding or dispensing course									*Occupational Health Nurse										
	*Primary Health Care Nurse									*Medical Practitioner										
	*Phsyciatric Nurse																			
	*Other Allied Health Practitioners									St: *State Competency										

APPLICATION FORM FOR A LICENCE TO COMPOUND OR DISPENSE IN TERMS OF SECTION 22C(1)(a) OF
ACT 101 OF 1965 - AUTHORISED PRESCRIBERS

1. The size of the premises is	m ²	
2. Key, key card or other device or the combination of any device, which allows access to the dispensary is kept on the person of the authorized prescriber .	Yes	No
3. Only the authorized prescriber has keys to the pharmacy area where schedule 1 – 6 items are kept.	Yes	No
4. There is sufficient security to prevent unauthorised access to medicines.	Yes	No
5. The pharmacy will be suitably located in the consulting rooms.	Yes	No
6. The dispensary is suitably located in the pharmacy.	Yes	No
7. The pharmacy is accessible to persons with disabilities.	Yes	No
8. There is/ will be a separate facility for washing hands	Yes	No
9. There is/ will be a separate facility for cleaning of equipment	Yes	No
10. The premises will be kept clean, orderly and tidy.	Yes	No
11. The floor surface will be of impermeable material.	Yes	No
12. All working surfaces will be finished with a smooth impermeable and washable material	Yes	No
13. All countertops and shelves will be finished with a smooth, impermeable and washable material which is easy to keep clean	Yes	No
14. Walls are finished with a smooth, impermeable and washable material, which is easy to keep clean	Yes	No
15. There will be sufficient and adequate lighting.	Yes	No
16. There is an air conditioner in the pharmacy which is in good working condition.	Yes	No
17. The temperature in the dispensary will be below 25 ⁰ C.	Yes	No
18. There is at least one fire extinguisher or fire hose in the pharmacy.	Yes	No
19. There will be a suitable waiting area, in accordance with Good Pharmacy Practice (GPP) guidelines	Yes	No
20. There is a suitable private area for the provision of information and advice, in accordance with GPP standards.	Yes	No
21. There is a suitable area for the screening and performing of tests.	Yes	No
22. The professional image of the dispensing area is not affected by the display of commercial material not directly linked with health.	Yes	No
23. The pharmacy is designated as a non-smoking area.	Yes	No
24. The receiving area for deliveries will be clearly defined and separated from the rest of the pharmacy	Yes	No
25. A fridge for heat sensitive pharmaceuticals and vaccines will be available.	Yes	No
26. A nurse prescriber - only patient ready packs or original packings	Yes	No

APPLICATION FORM FOR A LICENCE TO COMPOUND OR DISPENSE IN TERMS OF SECTION 22C(1)(a) OF
ACT 101 OF 1965 - AUTHORISED PRESCRIBERS

27. No bulk stock	Yes	No
-------------------	-----	----

APPLICATION FORM FOR A LICENCE TO COMPOUND OR DISPENSE IN TERMS OF SECTION 22C(1)(a)
OF ACT 101 OF 1965 - AUTHORISED PRESCRIBERS