

No. 759

4 June 2003

MEDICINES AND RELATED SUBSTANCES ACT, 1965 (ACT NO 101 OF 1965)**FORM: 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 No 101 of 1965), the Director-General may on application issue to a medical practitioner, dentist, practitioner, nurse or other person registered under the Health Professions Act, 1974, a licence to compound or dispense medicines.

The Director-General has determined the form on which an application referred to above shall be made and the form is hereby published in English and Afrikaans for general information.

A NTSALUBA**DIRECTOR-GENERAL: HEALTH**



DEPARTMENT OF HEALTH
DIRECTORATE: PHARMACEUTICAL PROGRAMMES AND PLANNING

PRIVATE BAG X828, PRETORIA 0001

TELEPHONE : 012-312-0366/ 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)

*SECTION A: GENERAL INFORMATION										For Office Use Only	
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		Yes	*Occupational Health Nurse							
			No								
			In training								
*Primary Health Care Nurse			*Medical Practitioner								
*Phsyiatric Nurse											
*Other Allied Health Practitioners			State Competency								

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

*SECTION E: PARTICULARS OF THE PREMISES			For Office Use Only
1. There is a separate facility for washing hands.	Yes	No	
2. There is a separate facility for cleaning equipment.	Yes	No	
3. The temperature in the dispensary is below 25°C.	Yes	No	
4. There is a suitable means of counting tablets and capsules.	Yes	No	
5. There is a suitable range of dispensing containers for medicinal products available	Yes	No	
6. A suitable and adequate means of waste disposal is available.	Yes	No	
7. A fridge for heat sensitive pharmaceuticals and vaccines will be available.	Yes	No	
8. Security measures will be in place to prevent unauthorized entry.	Yes	No	
9. All working surfaces will be finished with a smooth impermeable and washable material	Yes	No	
10. There will be sufficient and adequate lighting.	Yes	No	
11. The floor surface will be of impermeable material	Yes	No	
12. All scheduled medicines will be stored/displayed in areas inaccessible to the public	Yes	No	
13. All cupboards and shelves will be finished with a smooth impermeable and washable material	Yes	No	
*SECTION F: CRITERIA FOR A LICENCE (Supply additional supportive information separately)			
*Exact geographical location of proposed dispensary.			
*Indicate the geographical area to be serviced.			
*What is the population size in the geographical area of the proposed dispensary?			
*What are the disease patterns and health status of the population to be serviced?			
*Supply information in motivation for the need of a licence in the area indicated			
*Supply the names and addresses of other similar existing services in the catchment area of the proposed new service.			
Pharmacies	Distance from proposed service	Accessibility	

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

*SECTION F: CRITERIA FOR A LICENCE - CONTINUED			For Office Use Only
Hospitals	Distance from proposed service	Accessibility	
Clinics	Distance from proposed service	Accessibility	
Other health services (Indicate type of service)	Distance from proposed service	Accessibility	
*Supply proof of notice given by publication in a newspaper circulating in the area where the applicant intends to conduct his or her practice of his or her intention to apply for a licence (Supply a copy of the advertisement)	*DATE OF PUBLICATION:		
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>		
	*NAME OF NEWSPAPER		
Can a patient information leaflet per product dispensed be supplied?			
*SECTION G: DECLARATION BY THE APPLICANT			
<p>1. I, hereby give consent for an inspection of the premises in terms of the applicable Legislation.</p> <p>2. The information furnished herewith is true and correct.</p> <p>APPLICANT'S SIGNATURE:</p> <p>DATE: <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></p> <p style="text-align: center;">D D M M Y Y Y Y</p>			

APPLICATION FORM FOR A LICENCE TO COMPOUND OR DISPENSE IN TERMS OF SECTION 22C(1) OF
ACT 101 OF 1965***SECTION H: DECLARATION BY COMMISSIONER OF OATHS**

SIGNED and SWORN TO before me

On this ----- day of ----- in the year -----,

the deponent (applicant) having acknowledged that he/she understands the contents
of this declaration**SIGNATURE OF COMMISSIONER
OF OATHS**

DATE: _____**STAMP**Full name, capacity, address and contact
details of Commissioner of Oaths*** Section D : This form may be completed and submitted to the Director-General even before the
applicant has successfully completed the supplementary course on compounding or dispensing.**