

# **GUIDELINES**

## **I: General Information**

1. Dispensing Licence applications are made to the Director-General: Health, in terms of Section 22C(1)a of the Medicines and Related Substances Act (Act 101 of 1965), as amended.
2. All applications must be completed in full, using black ink. Fields marked with \* are compulsory. **Incomplete applications will not be processed.**
3. Completed application forms and supporting documents may be emailed to dispensepps@health.gov.za.
4. Before submitting the application form, have the following documents on hand:
  - a. Certified copy of Identity Document
  - b. Certified copy of your registration card with Statutory Council
  - c. Certified copy of existing dispensing licence
  - d. Proof of payment of the non-refundable amendment application fee of R250 and annual fees.
  - e. **Nurses only:**
    - i. Completed and signed **Section B** of application form
    - ii. Confirmation of employment on company letter head and signed by an authorised manager
5. **NOTE: Applications are processed within 90 days of receipt of all required documents.**
6. Application outcomes will be communicated to the applicant via email, using the email address completed on the form.
7. Licenses not collected within 3 months will be destroyed, a reprint will be requested at cost of R250.00.

## **II: Application & Annual Fees Payable**

- A non-refundable application fee of R250-00. **No Cheque payments are accepted.**
- An annual fee of R200-00 per year must be paid on application and is payable yearly after that on or before 28 February.
- Proof of payment of both amounts must be submitted together with your application form.
- Your Statutory Council Number (**without the Prefix Letters**) must be used as the reference when making payments to the Department.
- **Note: Where the Statutory Council Number is less than 8 (eight) numbers – please add zeros at the end to make up 8 (eight) numbers.**
- Payments to the National Department of Health are payable to the following account:

### **Banking details:**

Bank	:	ABSA
Account Holder	:	National Department of Health
Branch	:	Vermeulen Street
Branch code	:	632005
Account No.	:	405 364 3510
Account type	:	Cheque account



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Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**NATIONAL DEPARTMENT OF HEALTH**

1112 Voortrekker Road, Pretoria Townlands 351-JR, Pretoria, 0187

**AFFORDABLE MEDICINES: LICENSING UNIT**

**DISPENSING LICENCE AMENDMENT FORM**

- RELOCATION OF DISPENSING LICENCE
- APPLICATION FOR ADDITIONAL PREMISES TO BE LICENCED

Tel: 012 395 8213/8206

**Submit to: [dispensepps@health.gov.za](mailto:dispensepps@health.gov.za)**

Beneficiary Ref. : Statutory Council Registration Number ONLY

**III: Delivery Address**

POSTAL ADDRESS	COURIER/HAND DELIVERY
National Department of Health Affordable Medicines: Licensing Unit Dr A B Xuma Building 1112 Voortrekker Road Pretoria Townlands 351 – JR Pretoria 0187	National Department of Health Affordable Medicines: Licensing Unit Dr A B Xuma Building 1112 Voortrekker Road Pretoria Townlands 351 – JR Pretoria 0187

**IV: Enquiries**

EMAIL (preferred) : [dispensepps@health.gov.za](mailto:dispensepps@health.gov.za)



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**SECTION A**

**Application for the Amendment to Dispensing Licence issued in terms of Section 22C(1)(a) of the Medicines & Related Substances Act 101 of 1965, as amended.**

**APPLICANT DETAILS**

Name(s) and Surname		Title	
ID Number of Applicant (Supply ID copy)			
Council Registration Number (Supply proof of registration)			
Dispensing Licence Number (Supply copy of licence)			

**APPLICATION CATEGORY**

APPLICATION TYPE	Mark with X	CHECKLIST OF ATTACHED DOCUMENTS	Mark with X
Additional Premises		Certified Identity Document	
Relocation of Premises		Proof of current Statutory Council registration	
Cancellation of Existing Licence		Proof of payment of R250 reprint fee	
Other (specify)		Proof of payment of all outstanding annual fees	

**MAIN LICENCED PREMISES PHYSICAL ADDRESS**

**ADDITIONAL/RELOCATION PREMISES PHYSICAL ADDRESS**

Province:	Province:
Business Phone Number:	Email Address:
Applicant Cell Number	Business Fax Number:

**REASON FOR AMENDMENT**

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**DECLARATION BY APPLICANT**

I \_\_\_\_\_ declare that all information supplied in this form is true and correct:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION B: AUTHORITY UNDER SECTION 56(6) OF THE NURSING ACT (ACT 53 OF 2005)**



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<b>1. Name of Nurse</b>	
<b>2. ID Number</b>	
<b>3. SANC Number</b>	
<b>4. Name of Clinic/Facility</b>	

You are hereby authorised to diagnose, prescribe and dispense medicines for the conditions listed in the standing orders of the clinic, and according to the treatment protocols listed below, and subject to limitations imposed by the Regulations to Section 38A of the Nursing Act.

You are to maintain legible, comprehensive clinical notes in the patient file and to complete the drug register required under the licence issued in terms of Section 22C(1)(a) of the Medicines and Related Substances Act (Act 101 of 1965, as amended).

Name of Medical Practitioner in charge	
HPCSA	
Telephone Number	

Signed at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_ Qualification(s) \_\_\_\_\_

**Note:**

**Attach proof of employment on the official company letterhead, signed by the authorised person.**

Area of Specialisation	Tick below	Proof Attached (YES or NO)	Protocol Competencies	Tick below	Proof Attached (YES or NO)
Primary Health Care			Sexually Transmitted Infections (STI)		
Occupational Health			Expanded Programme of Immunisation (EPI)		
Other (specify below)			Tuberculosis (TB)		
			Diabetes		
			Hypertension		
			Travel Medicines		
			Other (specify)		
			Other (specify)		