



# Further Education and Training Certificate: Pharmacist Assistance 2024

## INTRODUCTION

This training programme leads to a national qualification as a Pharmacist Assistant (Post Basic), NQF level 4 in the SAQA Field: Health Sciences and Social Services, and SAQA Subfield: Preventative, Curative, Promotive and Developmental and Health Services.

Health Science Academy offers training in three sectors of pharmacy: community, hospital/institutional and wholesale. The South African Pharmacy Council has approved the course and has accredited Health Science Academy as a provider of education and training.

## WHO SHOULD ENROLL?

Candidates who wish to enrol should be competent in mathematical literacy and communication at NQF level 3. Candidates who wish to enrol must have completed the National Certificate: Pharmacist Assistance. They must be working in a pharmacy under the supervision of a tutor pharmacist. Both the tutor and the premises must be approved and registered by the South African Pharmacy Council. Once a learner has obtained this qualification by meeting all the necessary requirements, the learner will be able to register as a Pharmacist Assistant (Post Basic) with the South African Pharmacy Council.

## COURSE CONTENT

- The purpose of this qualification is designed to further develop the competence of learners in the underlying principles of all major areas related to the pharmaceutical industry. The Further Education and Training Certificate: Pharmacist Assistance forms part of the learning pathway in the pharmacy sector that is linked to the relevant career path. By assisting in the development of competence it will in the long term address the government's call for the training and development of an increased number of pharmaceutical professionals. It aims to provide learners with the technical competence as well as the personal and inter-personal skills required to make them

effective members of the pharmaceutical community.

- Through a combination of theoretical exercises and workplace learning, the learner will obtain knowledge and understanding to develop skills that will directly improve performance in the work environment.

## STUDY MATERIAL

Participants will receive a comprehensive resource guide and learner guide for each module containing all the information required.

One portfolio must be completed for each module. A portfolio for a module consists of all the learning activities from the learner guide of each module. The practical component of the training is completed at work during work hours and the theoretical component is completed at home.

## ASSESSMENT

The assessments will be based on a portfolio submitted for each module together with a written questionnaire. A completed portfolio must be submitted before the written questionnaire can be answered. Learners must be assessed and be found competent on every module to qualify for this certificate.

If the learner is assessed on a module and deemed Not Yet Competent, then he/she can be re-assessed twice more to gain competency. If competency is not achieved after three attempts in total, he/she will have to repeat the whole module from the start. Re-assessment fees will be applicable.

Each assessment is moderated by a moderator at Health Science Academy.

## COURSE DATES

Open registration

Health Science Academy is a South African Pharmacy Council accredited training provider  
Knowledge Park, 173 Mary Road, The Willows, Pretoria, 0184

✉ PO Box 75324, Lynwood Ridge, 0040 South Africa  
Tel: 087 821 1109 | Fax: 086 502 5191

[hsaenquiries@healthscience.co.za](mailto:hsaenquiries@healthscience.co.za) | [www.hsa.co.za](http://www.hsa.co.za)

## COURSE DESIGN

The course is structured on a modular basis. Each module is based on a registered Unit Standard at NQF level 4. The course comprises of core modules that are applicable to all sectors, with a choice of electives according to the chosen speciality.

All modules are to be completed within the registration period of 14 (fourteen) months. A minimum of 28 days of contact sessions must be attended to receive a certificate. Should the Health Science Academy registration expire after 14 months, re-registration is possible after paying the associated costs, in order to complete any outstanding modules.

Study units	Number of credits	Community (days)	Institution (days)	Wholesale (days)
Module 1 Personnel management	17	3	3	3
Module 2 Occupational health	8	2	2	2
Module 3 Asepsis and sterility in a healthcare environment	12	3	3	3
Module 4 Sexually transmitted infections	10	3	3	3
Module 5 Health and medicine	10	3	3	3
Module 6 Issuing of prescribed medicines	20	4	4	
Module 7 Inventory management	8	2	2	2
Module 8 Learning, language and communication	20	3	3	3
Module 9 Mathematics in the workplace	16	4	4	4
Module 11 Good wholesale and distribution practices	23			5
Module 12 Language and communication (Afrikaans/SeSotho)	20	3	3	3
<b>Total credits</b>		<b>30</b>	<b>30</b>	<b>31</b>

## COST

### Option 1

100% payment on registration  
Total course fee: R17 750.00

### Option 2

R 9 735.00 (50%) on registration plus R 9 735.00 (50%) six (6) months after registration  
Total course fee: R 19 470.00

### Option 3

R 6 000.00 on registration plus 7 220.00 four (4) months after registration plus R 7 220.00 eight (8) months after registration  
Total course fee: R 20 440.00

## REGISTRATION

### Please send completed application forms to:

Health Science Academy  
Knowledge Park, 173 Mary Street  
The Willows, Lynnwood Ridge  
Pretoria, 0040  
PO Box 75324, Lynnwood Ridge, 0040  
Tel: 087 821 1109  
Fax: 086 502 5191  
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### Application Form for Pharmacist's Assistants Post Basic Training

<b>Application Form for Pharmacist's Assistants Post Basic Training</b>														
Title														
Surname														
First name/s														
Race			African			White			Indian			Coloured		
Gender			Male						Female					
Identity number														
Address for correspondence			Work:						Home:					
Contact numbers			Home:						Cell:					
			Work:						Fax:					
E-mail address														
Highest educational qualification						Year passed			ABET (Adult basic education training)					
Name of current employer														
Address of current employer														
Name of tutor														
Tutor approved by the South African Pharmacy Council (SAPC)?									Yes		No			
Pharmacy approved by the South African Pharmacy Council?									Yes		No			
Sector of pharmacy in which you work						Community			Institutional		Wholesale			
Which assessment centre would you use?														
Gauteng (HSA – Pretoria)			Western Cape (Cape Town)			Eastern Cape								
Free State			KZN			Northern Cape								
Mpumalanga			Limpopo			North West Province								
How did you hear about Health Science Academy?														
Word of mouth			Advertisement			Internet			Former student		Other ( <i>please specify</i> )			
I have read and agree to comply with the terms and conditions of the Health Science Academy Policies											<i>Sign here</i>			
Documents to be attached											HSA official			
Proof of qualification (Grade 10 or highest qualification)														
Proof of Basic level qualifications														
Copy of SAPC certificate as qualified learner Basic														
Copy of identity document														
Proof of SAPC approval of tutor														
Proof of SAPC approval of pharmacy														

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Course fees and payment details													
<b>Course fees for 2024 (incl. VAT) (Mark one)</b>													
Option 1 100% payment on registration Total course fee: R17 750.00													
Option 2 R 9 735.00 (50%) on registration plus R 9 735.00 (50%) six (6) months after registration. Total course fee: R 19 470.00													
Option 3 R 6 000.00 on registration plus R 7 220.00 four (4) months after registration plus R 7 220.00 eight (8) months after registration Total course fee: R 20 440.00													
<b>A non-refundable R500.00 application fee is applicable to all options</b>													
Send invoice to (mark one)													
Learner						Company							
Name and surname						Name							
Tel						Tel							
Fax						Fax							
E-mail address						E-mail address							
						VAT number if applicable							
Payment method (mark one)													
Direct deposit <b>Attach a copy of the deposit slip; use your full name, ID number or HSA number as the payment reference</b>													
Health Science Academy bank details													
Bank		First National Bank											
Branch code		252045 (Lynnwood)											
Account name		Health Science Academy											
Account number		50631131815											
Credit card: <i>Credit card payments can only be done when the owner of the card is present in person</i>													
Credit card number													
		Master Card			Visa			Diners Club			Amex		
Credit card budget account (mark applicable)													
6 months			12 months			18 months							
Expiry date						CVV number Last 3 digits on back of card							
Card holder surname and initials					Card holder's signature								
Documents to be attached										HSA Official			
Proof of payment													
Signed agreement													
<ul style="list-style-type: none"> <li>• Please complete the application form and sign the agreement below.</li> <li>• Submit the application by fax or email.</li> <li>• HSA will notify you if your application was successful.</li> <li>• Once approved a minimum of R6000.00 is immediately payable to HSA.</li> <li>• ONLY once payment is received will an enrolment certificate be issued.</li> <li>• If not attached to this application, please send a copy of your proof of payment with your name and contact details to Health Science Academy, marked for the attention of Pharmacist's assistant fee payment'.</li> <li>• All personal information will only be used for internal or legal purposes.</li> </ul>													
<b>PLEASE NOTE THAT NO APPLICATION FORM WILL BE PROCESSED WITHOUT THESE DOCUMENTS OR WITH INCOMPLETE INFORMATION</b>													
Health Science Academy reserves the right to make changes to courses without prior notification.													

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## AGREEMENT

I, the undersigned \_\_\_\_\_ declare that this application constitutes a binding agreement upon the terms set out herein between myself and Health Science Academy.

I understand that it is my responsibility to notify Health Science Academy within 30 days if there have been any changes in my personal, tutor, premises and/or employer information.

I understand that the fees applicable to this course is due 30 days from the date of the invoice and the fee structure will be valid for the applicable financial year only. Failure to pay any invoice within the mentioned time period will lead to legal action by Health Science Academy. No fees paid will be refunded.

I understand that I need to attend 28 of the 30 days scheduled for contact sessions; if absent, I need to provide a doctor's note or other relevant documentation to explain absence from class.

I understand that a rewrite fee will be applicable to any assessment that has been deemed *Not Yet Competent* (NYC) or *Not Enough Evidence* (NEE) by the assessor or moderator.

I agree to the above terms and conditions, including payments due, that govern my application and I agree to be bound by them.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

