

# DISPENSING COURSE FOR HEALTHCARE PROFESSIONALS 2025



SEFAKO MAKGATHO  
HEALTH SCIENCES UNIVERSITY

## Pharmacy Training and Development Project School of Pharmacy

*The mission of the School of Pharmacy is to improve the health and well-being of the people of Southern Africa through innovative pharmacy-related learning programmes, research and support services*

### INTRODUCTION

In terms of the **Medicines and Related Substances Control Act as amended**, Health Care Professionals who wish to dispense medicines at their practices or clinics are required to apply for a licence from the Department of Health authorizing them to do so. One of the requirements for obtaining a licence is the successful completion of a South African Pharmacy Council accredited dispensing course.

The dispensing Course is for doctors and registered nurses. There is **no closing date** for applications; prospective candidates can choose a convenient starting date for them.

### DURATION OF COURSE

The dispensing course cut-off date is nine (9) months after the enrolment date. Should this period lapse, the candidate may re-enroll for 3 months at an additional fee.

Ultimately, it depends on the candidate, as this is a self-learning course, maximum duration 9 months.



### ACCREDITATION

The **PTDP Dispensing Course** is an accredited provider of this Short course in dispensing with the South African Pharmacy Council.

#### CPD FOR MEDICAL DOCTORS

Clinical A002/004/09/2003 Cat 3 – 14 Points

Ethics A002/005/09/2003 – 1 Point

Total: **15 Points** Credits: **30**

### COURSE CONTENT

The course consists of five sections:

1. Evaluate the prescription and access patient profile
2. Prepare and dispense the prescription
3. Hand medicine to patients and give appropriate advice and warnings
4. Maintain professional dispensing records
5. Manage the procurement and storage of medicines

Each section consists of a number of sub-sections, the titles of which are written as learning objectives to reinforce the active learning method of the course and exercises/activities which make up the Portfolio of Evidence (POE).



### COURSE DELIVERY

The course is presented as a distance, self-learning package with EITHER an online track or a contact in-person track.

#### ONLINE (DISTANCE) TRACK

1. Learning activities compiled as a manual – Portfolio of Evidence (POE)
2. Compulsory online Formative Assessment (FA)
3. Compulsory online workshop (ALL candidates to attend - one workshop included in the course fee).
4. Final online Summative Assessment (SA).

#### CONTACT (IN-PERSON) TRACK

(Candidates who cannot meet the requirements for online track)

1. Learning activities compiled as a manual – Portfolio of Evidence (POE)
2. Compulsory paper-based Formative Assessment (FA)
3. Compulsory contact workshop
4. Final contact Summative Assessment (SA).

### CANDIDATE ELIGIBILITY

#### Medical Doctors:

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

#### Registered Nurses:

- A person who has completed a Diploma in Nursing (three-years) or a Bachelor of Nursing (four-years) at a university and is registered as such with SANC
- Completed compulsory Community Service for health professionals as governed by the Health Professions Act, 1974 (Act 56 of 1974)

### COURSE FEES (NON-REFUNDABLE)

Online track (Nationwide) – **R3200,00**

Contact In-person track (Pretoria only) – **R4900,00 – Please enquire before payment**

Fees include a comprehensive study package/ ePackage supplied upon receipt of full payment plus access to our comprehensive online learning platform.

\*Discounts available for individuals wishing to enroll as a group. Contact office for further information and quotation.

\*\* Special requests to be handled separately at an individualized costing structure

### REGISTRATION

To enroll for the course, please send an email to the contacts below and attach the following:

- Complete application form
- Copy of ID/Passport
- Copy of SANC/HPCSA card
- Proof of payment which includes "Your NAME and SURNAME" as the reference. **NB!**

Applicable course fee must be deposited into the following bank account:

#### STANDARD BANK

BRANCH: 051001 (Thibault Square)

A/C NAME: SEFAKO MAKGATHO UNIVERSITY

A/C Type: Current

A/C NUMBER: 070754128

REFERENCE: Your Full Name \_ C008

### CONTACT US FOR REGISTRATIONS

Ms. Thembelihle Chiloane | Phone: 012 – 521 4743/5510 | E-mail: [Thembelihle.Chiloane@smu.ac.za](mailto:Thembelihle.Chiloane@smu.ac.za)

[www.smu.ac.za](http://www.smu.ac.za)

VALID FOR 2025 ONLY

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## **SCHOOL OF PHARMACY**

### **Pharmacy Training and Development Project**

#### **ONLINE TRACK: TECHNICAL REQUIREMENTS**

We recommend the following in order to successfully complete your 100% online course:

##### **Basic computer skills**

A candidate should:

- Be able to operate a computer and perform common tasks.
- Be able to perform Email and file management functions (access, create, edit, save, upload and download documents).
- Be able to use a word processing program e.g. Microsoft Word to create and edit documents.
- Have basic web-browsing and Internet usage skills.

##### **Computer requirements:**

- Laptop, PC or tablet
- A high-speed internet connection (3G, 4G, LTE, ADSL or Fibre)
- Document creation
- E-book storage and reading
- Study notes storage and reading (PDF, MS Office)
- Video and Audio storage, recording and playback
- Web browsing, (our LMS works best on google chrome.)




**School of Pharmacy**  
**PHARMACY TRAINING AND DEVELOPMENT PROJECT**

**2025 APPLICABLE DISPENSING COURSE FEES**

Online (Distance) track	R 3 200.00
Contact (In-person) track	R 4 900.00
Course extension fee (60%) – 3 months	R1900.00 (Online) R2900 (Contact)
Re-assessment fee	R 350.00 per assessment (up to 2)
No-show/Cancellation fee	R 680.00
Confirmation of registration	R 150.00
Certificate re-print	R 300.00
Resend Study package (contact)	R 300.00
Extra workshop	R 450.00

Sincerely,



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**Dr T Mosiane**

Acting Head of Department: Pharmacy Practice

Date: 02 July 2025



**SCHOOL OF PHARMACY**  
**PHARMACY TRAINING AND DEVELOPMENT PROJECT**

**2025 Banking Details for Dispensing Course – C008**

Name of Account:	Sefako Makgatho Health Sciences University
Bank:	Standard Bank
Branch:	051001 (Thibault Square)
Account Number:	070754128
Account Type:	Current
<b>Reference:</b>	<b>Full Name _ C008</b>

Sincerely,

**Dr T Mosiane**  
**Acting Head of Department: Pharmacy Practice**  
Date: 02 July 2025



# SCHOOL OF PHARMACY

## DISPENSING COURSE FOR HEALTHCARE PROFESSIONALS

<b>FOR OFFICE USE ONLY</b>	GROUP INDIVIDUAL <input type="checkbox"/>	Candidate number:	Document Verification:
	ONLINE CONTACT <input type="checkbox"/>	Date Received:	Date Captured:

PLEASE FILL IN ALL SECTIONS IN CLEAR BLOCK LETTERS.

Registration Form for the Dispensing Course												
Title (Prof, Dr, Mr, Mrs, Miss, Ms)												
Surname												
Maiden Surname (For married female applicants)												
First name(s) (Strictly according to ID or BIRTH CERTIFICATE)												
Marital Status	Single		Married		Divorced		Widow/er					
Race	African		White		Indian		Coloured					
Home Language												
Gender	Male		Female		Gender Neutral							
Country of Citizenship												
Identity number <b>or</b>												
Passport number*												
Address for correspondence	Work Organization:						Home:					
	Postal Code:						Postal Code:					
Province												
Contact numbers	Home:						Cell:					
	Work:						Fax:					
E-mail address ( <b>NB!!</b> )												
Statutory Council	HPCSA								SANC			
Council number												
Category of registration												
Qualifications	Qualification Name				Institution				Year			

How did you become aware of the SMU Dispensing Course? (Tick all applicable)				
Word of mouth	Social Media	Internet	Former candidate	Other (please specify)
Attach the following documents for registration:				Office Use
Copy of identity document (*Passport copies must be accompanied by valid visa copy)				
Copy of current SANC/HPCSA license to practice				
Proof of payment				
Signed Declaration				

## COURSE FEES AND PAYMENT DETAILS

Please indicate course type:	
ONLINE: <b>R3200</b>	CONTACT: <b>R4900</b>
<b>Candidates are responsible for the full course type fee before commencement of the course.</b>	
<b><u>Banking Details</u></b>	
Bank: <b>Standard Bank</b>	
Branch Code (electronic payments): <b>051001 (Thibault Square)</b>	
Branch code: <b>020909</b>	
Account Name: <b>SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY</b>	
Account Number: <b>070754128</b>	
Account Type: <b>Current</b>	
Swift address: <b>SBZA ZA JJ</b>	
<b>Reference: "Your Full Name _ C008" (<i><u>This step is very important for us to be able to trace your payment.</u></i>)</b>	
<b>PLEASE NOTE THAT NO REGISTRATION FORM WILL BE PROCESSED WITHOUT ALL THE DOCUMENTS REQUIRED OR WITH INCOMPLETE INFORMATION</b>	
<ul style="list-style-type: none"> <li>• Submit the application by email with all relevant documents and *proof of payment to <a href="mailto:thembelihle.chiloane@smu.ac.za">thembelihle.chiloane@smu.ac.za</a>.</li> <li>• Should your registration be successful, the dispensing course administrator will inform you of the next steps.</li> <li>• All personal information will only be used for internal or legal purposes.</li> </ul>	
<b>SMU Dispensing course reserves the right to make changes to the course without prior notification.</b>	





**SCHOOL OF PHARMACY**  
**CANDIDATE DECLARATION**

I, \_\_\_\_\_ **(Prospective candidate)** declare that this registration establishes a binding agreement upon the terms set out herein between myself and Pharmacy training and development project (PTDP) – Dispensing Course.

The fees are not refundable or discountable. If I do not complete all elements of the course for any reason within the allotted 9-month period other than illness (supported by a doctor's certificate) and/or bereavement (supporting documents required), a re-registration fee is required.

I acknowledge that it is my responsibility to notify Pharmacy training and development project – Dispensing Course within 30 days should there be any changes in my personal information provided.

I understand that should I be declared “Not Yet Competent”, I will be required to re- assess until deemed “Competent”, up to three attempts. I accept that re-assessments fees will be payable at the current Dispensing course rate. Re-registration fees are applicable after 6 months from “Not Yet Competent” result.

**POPI PRIVACY POLICY**

All parties agree to comply with POPI regulations and process all information and/or personal data in respect of the services rendered and/or received in accordance with the requirements of the Protection of Personal Information Act, no. 4 of 2013 and for purposes set out in the agreements above.

The PTDP may disclose your data as follows: Professional Affiliations such as SAPC for registering candidates, supplying reports, research purposes etc. Business Partners and Other Third Parties such as courier services, finance, database hosts etc. We may disclose your Personal Information to law enforcement authorities, government or public agencies or officials, regulators, and/or to any other person or entity having appropriate legal authority or justification for receipt of your information, if required or permitted to do so by law or legal process, to respond to claims, or to protect our rights, interests, privacy, property or safety.

Furthermore, the Pharmacy training and development project (PTDP) – Dispensing Course endeavours to take all reasonable precautions to ensure that any information provided, regardless of how it is submitted, is only used for the purposes it has provided above. You consent to the collection, collation, processing, and storing of such information and the use and disclosure of such information in accordance with this policy.

I have thoroughly read and agree to the above terms and conditions that administrate my registration, including fees payable and I am bound to them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Place