PCNS PRACTICE CODE NUMBERING SYSTEM

BOARD OF HEALTHCARE FUNDERS NPC
Company Registration No. 2001/003387/08

REPLACEMENT RESPONSIBLE PHARMACIST UPDATE FORM

Please Note

1	The completed update form can be sent to pcns_admin@bhfglobal.com	☐
2	As part of the update process, PCNS is required to verify the state employ of each Responsible Pharmacist (RP) linked to all Pharmacy applications received through the DPSA search: https://www.dpsa.gov.za/resource_centre/psverification/. To ascertain if your RP may be employed by the state, please utilise this link and enter their ID number for results. For your update to be processed timeously please ensure that the necessary approvals in the form of the below-listed documents have been submitted for the RP should they be employed by the state together with your application form: • Confirmation of Community of Service Completion • Resignation letter • RWOPS Approval Certificate • RWOPS Application form. **NB: The RWOPS Application form should be stamped, dated, and signed by both the employer and designated authority and should have exceeded the 30-day submission period with your state employer** • Sessional Work Contract. Please also supply the contact details of the persons responsible to confirm the approval/resignation. Once your approval (RWOPS Certificate/Resignation letter/Sessional work confirmation /Work Contract) has been received we are going to perform a validation with the state employer. We will contact the employer at the state facility via email and telephone to verify that approval has been granted for remunerative work outside the public service or if the nature of the employment allows for private practice. Thus, we urge you to provide the correct contact information for the employer on the application form to ensure the process is not delayed. We also encourage you to advise the employer that the validation will take place, so they are aware.	☐
3	All Healthcare Service Providers who are in Public Service are required to submit the renewed necessary approvals stipulated above annually to avoid the suspension of their practice numbers.	☐
4	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	☐
5	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	☐

DIRECTORS NJ Khauoe (Chairperson)• G Goolab (Deputy Chairperson) • JK Mothudi (Managing Director) • GA Bartlett • LR Callakoppen • DC Carolus • BC Kamanga (Malawi) • NPB Khumalo • JH Joubert • SM Mkhonta (eSwatini) • TM Mloyi-Ncube (Zimbabwe)• CM Mokgosana (Botswana) • BOS Moloabi • FM Mosoeu • MS Mphomela • RR Nandkoomar • FV Nompumza • HC Schäfer (Namibia) • MC Wilson

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Please show by ticking the below that you have read and understood the information: ☐

SUPPORTING DOCUMENT CERTIFICATION

Applications WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION by a South African registered Commissioner of Oaths authority. **The commissioner of oaths should be impartial, unbiased, not related to the Healthcare Service Provider (HSP), and who has no interest in the HSP (such as any immediate family members of the HSP, any employee or employer of the HSP, or any colleague of the HSP).** The stamp on the certified document must be dated, include the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS, and be valid for 6 months from the date of certification. Please note that the BHF policy requires that to obtain a practice number, an applicant health care professional must be registered by a regulatory body or a licensing authority in terms of South African Law, as this is a requirement of the Medical Schemes Act (Act. No 131 of 1998).

Required Documents for new staff Responsible Pharmacist

In accordance with Legislation and BHF Policies, a Practice Number may not be updated without the following supporting documents (tick what is relevant to you and has been submitted)

Document	
Board resolution for nominated and appointed proxy/signatory for the registration of the PCNS practice number (mandatory for facilities with more than 1 Director listed on the Company Registration documents)	☐
Certified copy of the owner/appointed proxy's identifying document (mandatory): • Identity Document or • Passport and proof of permanent residence, *where the applicant is not a South African citizen*.	☐
RP replacement form completed and signed by the owner or appointed proxy (mandatory)	☐
Certified copy of the Responsible Pharmacist's identifying document (mandatory): • Identity Document or • Passport and proof of permanent residence, *where the applicant is not a South African citizen*.	☐
Certified copy of a document issued by the Department of Home Affairs where the Responsible Pharmacist's surname or name(s) differ on 2 or more supporting documents • Marriage Certificate or • Divorce Decree or • A confirmation letter	☐
Certified copy of the Registration Certificate of the recording of the Responsible Pharmacist (mandatory)	☐
Copy of proof from the Pharmacy Council of South Africa that the subscription fee for the Responsible Pharmacist has been paid for the current year (mandatory)	☐
Document confirming that the necessary permission to practice outside of the conditions of the employment with the state for Responsible Pharmacist employed by the state **(Confirmation of Community of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval Certificate/Sessional work contract)** (where applicable)	☐

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REPLACEMENT RESPONSIBLE PHARMACIST UPDATE FORM

Please complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay in the processing of your application for a PCN and lead to errors in the information captured

RESPONSIBLE PHARMACIST

Title ____________ Initials ________________ First Names ____ Surname ____________________________________

ID Number____ Council Number____

Government employee (Yes) or (No) If yes, please provide Certificate: Approval of their Remunerative Work

CONTACT DETAILS FOR THE PERSON RESPONSIBLE TO CONFIRM THE RESPONSIBLE PHARMACIST's RWOPS APPROVAL

Name and Surname ____ Designation ____

Telephone Number ____ E-mail address ____

NB: Please be advised that due to the external validation process with your employer for your RWOP, the issuing of your practice number will be delayed.

PHARMACY DETAILS

Pharmacy Practice Number ______________________________

Practice Postal Address ____

____

Suburb ____

Town ____

Code _____________________ Province________________________

Telephone Number (_______) _______________________________

(If no telephone number is provided your cell phone number will be captured as the main telephone number on the system as this is a mandatory field)

Practice Physical Address____

____

Suburb ____

Town ____

Code ________________Province__________________________

Cell Number (________) _______________________________

Email address____

I, the undersigned, hereby declare that this above information is valid as on the date of signature hereof.

_______________________________ _______________________________

SIGNATURE OF OWNER/APPOINTED PROXY **DATE**

____

FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY

NB: Digital signatures are not acceptable and may delay the processing of your update.

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