PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2026

REPLACEMENT RESPONSIBLE PHARMACIST UPDATE FORM

Please Note

The completed update form can be sent to pcns_admin@bhfglobal.com	☐
As part of the update process, PCNS is required to verify the state employment 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 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 for confirming 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.	☐
All Healthcare Service Providers in Public Service are required to submit the necessary renewals of approvals stipulated above annually to avoid suspension of their practice numbers.	☐
Update requests that fail PCNS verifications will not be processed. This is to ensure secure and accurate handling of your update.	☐
The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	☐
Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	☐

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REQUIRED DOCUMENTS FOR NEW STAFF, RESPONSIBLE PHARMACIST

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 have 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).

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)

Board resolution containing the details (*full name, surname, and identity number*) for the nominated and appointed proxy or signatory for registering the PCNS practice number, signed by at least two directors and the nominated proxy. The company registration details on the Board Resolution **[Name and Company Registration Number]** should match the Owner's CIPC documents. (***mandatory for facilities with more than one director listed on the company registration documents***).	☐
Certified copy of the owner/appointed proxy's identifying document (***mandatory***): • Identity Document **[NB: Both sides (front and back) of the Smart Card ID must be submitted]** or • Passport and proof of permanent residence, ***where the applicant is not a South African citizen***. **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of the Responsible Pharmacist's identifying document (***mandatory***): • Identity Document **[NB: Both sides (front and back) of the Smart Card ID must be submitted]** or • Passport and proof of permanent residence, ***where the applicant is not a South African citizen***. **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of a document issued by the Department of Home Affairs ***where the Responsible Pharmacist's surname or name(s) differ on 1 or more supporting documents*** • Marriage Certificate or • Divorce Decree or • A confirmation letter **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
Certified copy of the Registration Certificate of the recording of the Responsible Pharmacist (***mandatory***) **Ensure that both the copy and the certification stamp are clear, legible, and valid.**	☐
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 a 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***)	☐