

Kingdom of Cambodia

Nation Religion King



**Application to Register with the Medical Council of Cambodia
For Non-Khmer Citizens
PLEASE COMPLETE IN ENGLISH**

4X6

I,, born on/...../....., am a citizen of and intend to work in Province in Cambodia. I would like to request registration with the Medical Council of Cambodia in accordance with the Royal Decree No. NS/RKT/0200/039 of King Norodom Sihanouk dated 1 February 2000.

If any of the following documents are written in languages other than Khmer, English or French, I understand that I must provide a certified translation of these documents into one of these languages.

- **Completed Application Form for Foreign Doctors** 1 copy
- **3x4 cm Photograph** 2 copy
- **Certified Copy of Basic Medical Education Qualification** 1 copy
- **Certified Copy of Specialty Medical Qualification** 1 copy
- **Certified Copy of current registration issued by the Medical Council of your country of origin or other country where you are currently registered** 1 copy
- **Certified Copy of practice license** 1 copy
- **Original Certificate of Professional Status (Good Standing)** 1 copy
- **Copy of Passport** 1 copy
- **Copy of Cambodian visa** 1 copy
- **Original and translated criminal record/background check (including record of no criminal offence) from country of origin or other country where you are currently registered** 1 copy
- **Up-to-date curriculum vitae** 1 copy
- **Letter from host institution certifying the purpose and dates of your mission in Cambodia** 1 copy
- **Foreign Employment Card (Skip for non-profit mission)** 1 copy
- **Signed Copy of the Oath of Allegiance** 1 copy
- **Registration Fee by Bank Transfer** 1 fee
 - **Exception for those working in non-profit mission:** must pay a monthly registration fee of \$20 USD/month. A "month" is defined as a calendar month. Therefore, for any day worked during one calendar month – you must pay an additional \$20 USD, even if only one day is worked in this month.
 - Those registering in Common Category, must pay an annual registration fee of \$300 USD or 1,200,000 R. The full \$300 USD fee is required regardless of whether your length of stay/work in Cambodia is < 1 year

Questions, please contact MCC at
medicalcouncilofcambodia@gmail.com

Kingdom of Cambodia

Nation Religion King



APPLICATION FORM FOR REGISTRATION OF FOREIGN DOCTORS
(PLEASE USE ENGLISH CAPITAL LETTERS TO COMPLETE FORM)

Province of Primary Employment:

If you plan to work in more than one province please put the province of planned/usual residence above and additional provinces here :

Section 1: Registration Type	
<ul style="list-style-type: none"> • Specialist <input type="checkbox"/> • Doctor <input type="checkbox"/> • Intern <input type="checkbox"/> • Resident <input type="checkbox"/> 	<ul style="list-style-type: none"> • Clinical Practice <input type="checkbox"/> • Non Clinical Practice <input type="checkbox"/>
<p>Time Planned work in Cambodia (dd/mm/yyyy) :/...../..... to/...../.....</p> <p>If you are planning to work more than once, you will be required to have a confirmation letter for all dates proposed Additional dates: /...../..... to/...../..... /...../..... to/...../.....</p>	
Section 2: Personal information	
<p>Family name..... Given name(s).....</p> <p>Gender: M <input type="checkbox"/> F <input type="checkbox"/> Date of birth (DD/MM/YYYY):/...../.....</p> <p>Place of birth: City..... Country.....</p> <p>Country(s) of Citizenship:</p> <p>Permanent Residential Address (in home country): House/Street Address: City.....Province/State..... Country.....Postcode/zip code..... Telephone (include country code)..... Email.....</p> <p>Current (or planned) Residential Address in Cambodia: * If you are unsure of this information but can provide a c/o (care of address) using your place of work, tick C/O box and be sure to complete Section 4-A : C/O <input type="checkbox"/> * If you are currently unable to provide any address in Cambodia, please tick here: Unknown <input type="checkbox"/> (Your application for registration will not be approved until you provide the National MCC Office in Phnom Penh with this information)</p> <p>House #..... Street..... Commune..... District..... City/Province..... Telephone (in Cambodia): Email (if different):</p>	

Section 3-A: Basic Medical Education/Qualification				
Dates of Study		Institution	Country	Qualification (Diploma, Degree etc)
From (mm/yy)	To (mm/yy)			

Section 3-B: Specialized Medical education (≥ 6 months training only)					
Dates of Study		Field of Specialty	Institution	Country	Qualification (Diploma, Degree etc)
From (mm/yy)	To (mm/yy)				

Section 4-A: Current/Planned Work in Cambodia

Name of Primary Work Place/Employer:

Sector of Employment: (who you are responsible to, not who you work alongside/as counterpart to etc)
 Public/Government Private IO NGO Other:.....

Work Address:
 House #..... Street..... . Commune.....
 District..... City/Province.....
 Telephone (work).....Email address (work).....

Section 4-B: Work history (provide information for the last 3 years only) (Please add pages if required)					
Dates of Employment		Institution	Position	Country	Type of work
From (mm/yy)	To (mm/yy)				
					<input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical
					<input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical
					<input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical
					<input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical

Section 5: Issues affecting fitness to medical practice

Have you ever been or are you now affected by any physical condition that could affect your ability to perform the functions required for your proposed practice of medicine? (Physical impairment due to injuries or disease) YES
NO

If YES, please indicate the name and contact details of your treating physician(s)

Name of treating physician:.....
 Telephone
 Email/Address.....

<p>Have you ever been or are you now affected by any mental health problem that could affect your ability to perform the functions required for your proposed practice of medicine? (Conditions include: neurological, psychiatric, addictive (drugs, alcohol) etc)</p> <p>If YES, please indicate the name and contact details of your treating physician(s)</p> <p>Name of treating physician:.....</p> <p>Telephone</p> <p>Email/Address.....</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Have you ever been the subject of disciplinary proceedings of the health authority or medical council/ governing body in Cambodia or any other country? (disciplinary measures include: warning, suspension of practice, suspension of practice license, temporary or permanent closure of clinic/consultation etc.)</p> <p>If YES, give details of the disciplinary measures:</p> <p>Type of disciplinary measure:.....</p> <p>Reason for which the disciplinary measure has been imposed:.....</p> <p>.....</p> <p>Country of discipline..... Date of disciplinary measure:/...../.....</p> <p>Validity: Still valid <input type="checkbox"/> Expired <input type="checkbox"/> Date of expiration:/...../.....</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Have you ever been convicted by a court in Cambodia or any other country?</p> <p>If YES, give details of the conviction:</p> <p>Type of sentence:</p> <p>Reason for which the sentence has been imposed:.....</p> <p>.....</p> <p>Country of conviction..... Date of conviction:/...../.....</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Section 6: Ongoing Clinical Practice</p>	
<p>Do you currently consult and treat patients?</p> <p>If NO, how long ago did you stop consulting and treating patients?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p><3 years <input type="checkbox"/></p> <p>≥3 years <input type="checkbox"/></p>
<p>Section 7: Certification and Right to Practice Medicine</p>	
<ul style="list-style-type: none"> I certify that the information given above is true and correct. I fully understand that providing false information may lead to the rejection of my application to register at the Medical Council of Cambodia or the removal of my name from the Medical Council's register or other punishment imposed by Cambodian law. I fully understand that as a medical practitioner registered at the Medical Council of Cambodia, I have the obligation to abide by the Medical Code of Ethics as well as the Guidelines on Client rights and provider duties & responsibilities. These documents can be found at www.mcc.org.kh. I fully understand that I do not have the right to practice medicine in Cambodia until my application for registration has been approved by the Medical Council of Cambodia I know that the Medical Council has its own discretion to not deliver the registration certificate despite the fact that I have met the conditions prescribed in this form. <p>Name of applicant.....</p> <p>Signature Date/...../.....</p>	

For Official Use Only:	
Checklist for common work :	
2 photos (4x6 cm)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Original or certified copies of basic qualification	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certified translation into Khmer, English or French(if in another language)	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Original or certified copies of specialty qualifications	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certified translation into Khmer, English or French (if in another language)	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Original or certified copies of other qualifications (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certified translation into Khmer, English or French (if in another language)	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Original or certified copies of registration certificate, membership card, certificate of good standing or practice license issued by medical council in country of origin or other country where you are currently registered	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certified translation into Khmer, English or French (if in another language)	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Copy of Passport	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of Khmer Visa	YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed Oath of Allegiance	YES <input type="checkbox"/> NO <input type="checkbox"/>
Original and translated criminal record/background check (including record of no criminal offence) from current country of origin or other country where you are currently registered	YES <input type="checkbox"/> NO <input type="checkbox"/>
Up to date curriculum vitae (English or French)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any other related documents	YES <input type="checkbox"/> NO <input type="checkbox"/>
Checklist for For non-profit mission:	
1 photo (4x6 cm)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Original or certified copies of registration certificate, membership card, certificate of good standing or practice license issued by medical council in country of origin or other country where you are currently registered	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certified translation into Khmer, English or French (if in another language)	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Copy of Passport	YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed Oath of Allegiance	YES <input type="checkbox"/> NO <input type="checkbox"/>
Up to date curriculum vitae (English or French)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certification letter from host institution (please ensure your letter includes all dates for which you are requesting registration)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any other related documents	YES <input type="checkbox"/> NO <input type="checkbox"/>
Payment	
For non-profit mission: number of. months.....at \$20 per month =USD * For any day worked during one calendar month, it will be necessary to pay \$20 even if only one day is worked	YES <input type="checkbox"/> NO <input type="checkbox"/>
For Common category : \$300 USD (annual fee) * This is the required fee for doctors registering in Common category regardless of whether your stay in Cambodia is < 1 year	YES <input type="checkbox"/> NO <input type="checkbox"/>
Receipt Information: Payment by Bank Transfer	
Name of the application's bank account _____	
Recipient Account Name of the Provincial/Municipal Medical Council in Cambodia at : ACELEDA Bank Plc Account # _____ OR ABA Bank Account # _____	
Date of payment ____ / ____ / ____ Please attach a copy of your payment receipt.	
The application form has been correctly and fully completed	
Signature and name of Registration Officer:	Date/...../.....
Comments of the Evaluation Committee	
Signature and Name of representative of the Evaluation Committee: Date...../...../.....	