Kingdom of Cambodia

Nation Religion King

Photo

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

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 Passport1 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**
- **Signed Copy of the Oath of Allegiance** **1 copy**
- **Registration Fee** **1 fee**
  - Those registering in Type C, 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
  - Those registering in Type D, 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.

Questions, please contact MCC at
medicalcouncilofcambodia@gmail.com

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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 (please tick)

Type "C" ☐
For **Foreign** doctors practicing or planning to practice clinical medicine in Cambodia in the **private/for-profit sector**

Planned start date to work in Cambodia

…..…./……..../..…….
dd mm yyyy

Type "D"
For **Foreign**
- Doctor ☐
- Intern ☐
- Resident ☐

who plans to work in either a clinical or non-clinical capacity (public health, training or other field) for a **non-profit mission**, bilateral agreement, cooperation agency, IO, NGO, Association etc,

Planned work time in Cambodia: ……/…../..….. to ……./…../..…
dd mm yyyy dd mm yyyy

Additional dates: ..…./…../…… to ……/……/……
..…./…../..…….to ……/……/……

If you are planning to work more than once in this calendar year, you will be required to have a confirmation letter for all dates proposed

Section 2: Personal information

Family name..... Given name(s).....

Gender: M ☐ F ☐ Date of birth (DD/MM/YYYY): . ...../...../.....

Place of birth:

City…… Country.....

Country(s) of Citizenship: …….

Permanent Residential Address (in home country):

House/Street Address: ....

City……Province/State.....

Country.....Postcode/zip code.....

Telephone (include country code)..... Email.....

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** ☐

** If you are currently unable to provide any address in Cambodia, please tick here:* **Unknown** ☐

(Your application for registration will not be approved until you provide the National MCC Office in Phnom Penh with this information)

House #..... Street..... Commune.....

District..... City/Province.....

Telephone (in Cambodia): …… Email (if different): ……

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: ……..……...

Type of Employment: ☐ Clinical ☐ Non-Clinical ☐ Both (Clinical and Non-clinical)

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)				
					☐ Clinical ☐ Non-Clinical
					☐ Clinical ☐ Non-Clinical
					☐ Clinical ☐ Non-Clinical
					☐ Clinical ☐ 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.....	

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) If YES, please indicate the name and contact details of your treating physician(s) Name of treating physician:..... Telephone ..... Email/Address.....	YES ☐ NO ☐
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.) If YES, give details of the disciplinary measures: Type of disciplinary measure:..... Reason for which the disciplinary measure has been imposed:..... ... . Country of discipline…… Date of disciplinary measure: ...../...../..... Validity: Still valid ☐ Expired ☐ Date of expiration: ...../...../.....	YES ☐ NO ☐
Have you ever been convicted by a court in Cambodia or any other country? If YES, give details of the conviction: Type of sentence: ..... Reason for which the sentence has been imposed:..... ... . Country of conviction…….. Date of conviction: ...../...../.....	YES ☐ NO ☐
Section 6: Ongoing Clinical Practice	
Do you currently consult and treat patients?	YES ☐ NO ☐
If NO, how long ago did you stop consulting and treating patients?	<3 years ☐ ≥3 years ☐

Section 7: Certification and Right to Practice Medicine

- 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.

Name of applicant……

Signature ..... Date ...../...../.....

For Official Use Only:

Checklist for Type C:	
2 photos (4x6 cm)	YES☐ NO☐
Original or certified copies of basic qualification	YES☐ NO☐
Certified translation into Khmer, English or French(if in another language)	YES☐ NO☐ NA☐
Original or certified copies of specialty qualifications	YES☐ NO☐
Certified translation into Khmer, English or French (if in another language)	YES☐ NO☐ NA☐
Original or certified copies of other qualifications (if applicable)	YES☐ NO☐
Certified translation into Khmer, English or French (if in another language)	YES☐ NO☐ NA☐
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☐ NO☐
Certified translation into Khmer, English or French (if in another language)	YES☐ NO☐ NA☐
Copy of Passport	YES☐ NO☐
Copy of Khmer Visa	YES☐ NO☐
Signed Oath of Allegiance	YES☐ NO☐
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☐ NO☐
Up to date curriculum vitae (English or French)	YES☐ NO☐
Any other related documents	YES☐ NO☐
Checklist for Type D:	
1 photo (4x6 cm)	YES☐ NO☐
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☐ NO☐
Certified translation into Khmer, English or French (if in another language)	YES☐ NO☐ NA☐
Copy of Passport	YES☐ NO☐
Signed Oath of Allegiance	YES☐ NO☐
Up to date curriculum vitae (English or French)	YES☐ NO☐
Certification letter from host institution (please ensure your letter includes all dates for which you are requesting registration)	YES☐ NO☐
Any other related documents	YES☐ NO☐
Payment	
Type C: $300 USD (annual fee) * This is the required fee for doctors registering in Type C regardless of whether your stay in Cambodia is < 1 year	YES☐ NO☐
Type D: 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☐ NO☐

Receipt Information: Date of Payment: ...../...../..... Receipt No.:……. Amount:…….

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...../...../.....