Kingdom of Cambodia

Photo 3x4

Nation Religion King

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Cambodian Midwives Council

**Foreign Midwife Application and Declaration Form**

I…………………………………………….Sex: ………Date of Birth (dd/mm/yyyy): ......... / ......... / ...........

To

President of National Midwives Council

**Subject:** Request to Register with the National Midwives Council

With the above subject, I would like to request to register with the Council to ensure my midwifery profession is in accordance with the Royal Decree NS/RKT/0906/389 dated 18 September 2006 on the Establishment of Cambodian Midwives Council. Please accept my application form for registration with the Council.

With the above statement, I understand that I must submit the following materials, all of which must be translated into English or Khmer, to the National Midwives Council of Cambodia located in University of Health Science, No. 73, Monivong Blvd., Phnom Penh, Cambodia, at least 2 weeks prior to my intended start date of work as a midwife in Cambodia. I understand that if I fail to do this, my work in Cambodia will be considered unlawful and I may be subject to legal or disciplinary action.

|  |  |
| --- | --- |
| **Completed Application and Declaration Form** | **1 copy**  |
| **Photo (4X6)** | **2 pieces** |
| **Photo (3X4)** | **1 piece** |
| **Initial Registration Fee** | **80,000R (20$ USD)** |
| **Annual Fee** | **200,000R (50$ USD)** |
| **\*License to practice midwifery, or an equivalent certification to practice midwifery,** issued and certified by the relevant licensing bodies in the country of issue |
| **\*Midwifery degree,** certified by competent authority in her country |
| **\*Criminal Background Check,** certified from their home country and recognized by the competent authorities from their home country.  |
| **\*Letter of Good Professional Standing**, issued by the official/appropriate bodies (council) in the country/countries where she originated or has been previously registered or licensed to practice midwifery |
| **\*Copy of Cambodian Visa** (Type E) for her type of work in Cambodia that is valid throughout the duration of the registration period. |  |
| **\*Certificate of Physical and Mental Health,** issued by the national hospital in Cambodia. |

Kingdom of Cambodia

Photo 4x6

Nation Religion King

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Cambodian Midwives Council

**A. PERSONAL INFORMATION**

**\*Surname:**…………………….........… **\*First Name:**………………............……….. **Middle name** (if applicable): ..........………………….…….

**Gender:**🞏Female 🞏 Male**Date of Birth** (dd/mm/yyyy): ..….../………../……….

**\*Country of Birth**: .......................................**Country(s) of Citizenship\***:……………...….....…….; …………….....….....……

**Home Address (outside of Cambodia):** House No. ………… Street Name/No. …………….......…….......................………… City: ................................ State/Province/Municipality: ................................................ Country: .........................................

*\*If you do not have a home address outside of Cambodia, tick this box:*🞏 No address

**\*Address in Cambodia:** House No. ………… Street Name/No. ………………………………… Village…………............…....…… Commune/Sangkat…………....................... District/Khan…..................…….… Province/Municipality......................................

**\*Current Phone Number(s)**: ……………………………………; ……………………………………**\*Email:**………………………………...........................

**\*Cambodian Visa Information:** Type: ............. Number**:** ................................Expiration (dd/mm/yyyy): ...... /....... /........

**B. MIDWIFERY EDUCATION**

**\*Please complete the table below with the details of your training as a midwife:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/University Name**  | **Start Date**(mm/yyyy)  | **End Date**(mm/yyyy) | **Location of Institution**  | **Type of Qualification Received** |
| **State/Province** | **Country**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**C. MIDWIFERY LICENSE/CERTIFICATION TO PRACTICE**

**Please provide details below about all of the license(s), or equivalent certification(s), to practice midwifery that you currently hold.**

1. **\*Country of Licensure:** …………………………….........**\*Licensing Body:** ...............................................................................

**Type of License:**🞏 Full 🞏 Restricted/Provisional 🞏 Other.........................................

**Expiration Date** (dd/mm/yyyy): ........./........./............

1. **Country of Licensure:** ……………………………......... **Licensing Body:** ...............................................................................

**Type of License:**🞏 Full 🞏 Restricted/Provisional 🞏 Other.........................................

**Expiration Date** (dd/mm/yyyy): ........./........./............

1. **Country of Licensure:** ……………………………......... **Licensing Body:** ...............................................................................

**Type of License:**🞏 Full 🞏 Restricted/Provisional 🞏 Other.........................................

**Expiration Date**: ........./........./............

**C. EMPLOYMENT INFORMATION**

1. **\*In what country(s) have you worked as a midwife in the past?**

………………………………; …………………………………; ……………………………………; ……………………………………….; ………………………………………

1. **\*In what province(s) in Cambodia do you plan to work as a midwife?**

………………………………; …………………………………; ……………………………………; ……………………………………….; ………………………………………

1. **\*Please complete the section below with details about your primary place of work in Cambodia:**

**Name of Primary Work Place/Employer**: ……………………………………..…………...............……… OR 🞏 **Self-employed**

**Sector of Employment:**🞏 Public/Government 🞏 Private 🞏 NGO/IO🞏 Military 🞏 Other:………….................……………

**Address of Primary Workplace:** House No. ………… Street Name/No. ………………………………… Village…………............……… Commune/Sangkat…………....................... District/Khan…..................…….… Province/Municipality......................................

Telephone (work)........................................................Email address (work).........................................................................

**What are your expected dates of employment in Cambodia**(dd/mm/yyyy)?......../........./.........*until* ......../........./.........

**D. FITNESS TO PRACTICE MIDWIFERY**

**\*Have you ever been the subject of professional 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.)🞏 YES 🞏 NO

**If YES,** give details of the disciplinary measures:

Type of disciplinary measure:........................................................................ Country of discipline……..............…………………

Reason for which the disciplinary measure has been imposed:..................................................................................................

......................................................................................................................................................................................................

Date of disciplinary measure: ........../.........../..........Date of expiration: ........../.........../..........

**\*Have you ever been convicted by a court in Cambodia or any other country?**🞏 YES 🞏 NO

**\*If YES,** give details of the conviction:

Type of sentence: ......................................................................................... Country of conviction…………….............…………

Reason for which the sentence has been imposed: :...................................................................................................................

......................................................................................................................................................................................................

Date of conviction: ........../.........../............

**D. ASSURANCE**

In accordance with Cambodian law and the Decisions of the Cambodian Midwives Council, I certify that:

🞏 I will abide by the Sub-decree on Code of Ethics for Midwives

🞏 All of the supporting documents I attach are true, valid and correct

🞏 The above-information is true and correct

*Signature: ………………...................……………………. Date (dd/mm/yyyy): ……… /….… /…..…*