



Cambodian Council of Nurses

History

A. Personal history:

- Name.....Age Male Female
- Date of birth, Day.....Month.....Year Nationality.....
- Place of Birth

B. Family history:

- Name of spouse..... Date of birth,Month.....Year.....
- Occupation.....
- Number of children.....

C. Current address.....

D. General education level.....

E. Professional education:

Educational level	Institution	Place of education	Diploma received	Date of entry	Date of graduation
Level of graduation and post graduation					

F. Working history:

Date of working	Date of stop working	Institution	Department or hospital	Position

I am assured legally that these all information above are accurately.

Date.....Month.....Year
Signature

Seen and Approved this above
Information is truly
Chair of Municipal/Provincial Board



Kingdom of Cambodia
Nation Religion King



Cambodian Council of Nurses

Letter of membership

I am, Mr./Ms.....Age Male Female

Current address.....

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Current workplace.....

Date of birth.....

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President of Cambodian Council of Nurses

Chair of Municipal/Provincial.....

Purpose : Register to be membership of Cambodian Council of Nurses

Reference to above purpose, I would like to request to register with Cambodian Council of Nurses in order to assure my professional nursing, which is accordance to Royal Decree of Establishment Cambodian Council of Nurses N. សស.រកត.០៨០៧.៣៧៣ dated September 17, 2007.

In this regard, I would like President of Cambodian Council of Nurses permits me to be a member of Cambodian Council of Nurses.

I would like to express my sincere thanks and high appreciation.

Date.....Month.....Year.....
Signature

Informations

- Complete Application Form for Foreign Nurses 1 copy**
- 4x6cm Photograph 2 copies**
- Original or Certified Copy of Basic Nurse Education Diploma(s) 1 copy of each**
- Original or Certified Copy of Specialty Nurse Training Certificates 1 copy of each**
- Original or Certified Copy of Other Professional Qualifications (if applicable) 1 copy**
- Original or Certified Copy(s) of registration, membership card, certificate of good standing or practice license issued by the Cambodia Council of Nurses, your country of origin or this country in which you most recently practiced Nurse 1 copy of each**
- Copy of passport 1 copy**
- Copy of Cambodian visa 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 must pay an annual registration fee of \$100 USD

The full \$100 USD fee is required regardless of whether your length of stay/work in Cambodia is < 1 year

Questions, please contact CCN at ccn.cambo@gmail.com or unsan888@gmail.com