

**Kingdom of Cambodia
Nation Religion King**

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Phnom Penh,200

Licensing Application Form

1. CV of request person

Name:.....Sex:.....Age:.....

Nationality.....Occupation.....

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Position and implication to VCCT.....

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Phone number.....E-mail address.....

2. Requested location for VCCT

No of home or Referral Hospital:.....Village.....

.....Commune.....district.....

Province/Town.....

3. Avowal letter (attachment)

4. List of VCCT staff:

Including: Name, age, sex, qualification and position (attachment).

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Avowal letter

My name.:Sex.....Age:.....

I swear to MoH that my service is:

- conform to the National Policy, Strategies and Protocol for Voluntary Confidentiality Counseling and Testing
- provide appropriate pre and post test counseling.
- ensure confidentiality
- Provide Quality of HIV testing in accordance to the National testing protocol
- provide regular report to PAO, NCHADS of MoH
- Strong cooperation with government health institution.
- Use registration, record and card required by NCHADS, MoH

In case of my service does not conform to MoH policy and guidelines, I would be confrontation to the AIDS law, article 4 on HIV counseling and Testing and article 19, 20; 21; 22; 24 and 25.

Date.....

Phnom Penh, Date.....

Signature of applicant

Seen and approved

Director of NCHADS

**Kingdom of Cambodia
Nation Religion King**

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Phnom Penh, date.....200

List of VCCT staff

No	Name	Age	Sex	skill	Position
1					
2					
3					
4					
5					

Signature of Applicant

Condition /Checklist

Name of investigator:.....

1. Document:	Yes	No
- Licensing Application Form	<input type="checkbox"/>	<input type="checkbox"/>
- Avowal letter	<input type="checkbox"/>	<input type="checkbox"/>
- List of VCCT staff	<input type="checkbox"/>	<input type="checkbox"/>
2. Qualification		
- Certificate of counselor	<input type="checkbox"/>	<input type="checkbox"/>
- Certificate of lab technician	<input type="checkbox"/>	<input type="checkbox"/>
3. Location		
- Waiting room	<input type="checkbox"/>	<input type="checkbox"/>
- Counseling room	<input type="checkbox"/>	<input type="checkbox"/>
- Laboratory room	<input type="checkbox"/>	<input type="checkbox"/>
4. Lab equipment		
- Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
- Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>
- Plate Shaker	<input type="checkbox"/>	<input type="checkbox"/>
- Pipette 20 ul -200 ul	<input type="checkbox"/>	<input type="checkbox"/>

Seen and Approved
Director of NCHADS

Date.....
Signature of investigator