

**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.....

.....

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).

**Kingdom of Cambodia  
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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:.....**

<b>1. Document:</b>	<b>Yes</b>	<b>No</b>
- 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"/>
<b>2. Qualification</b>		
- Certificate of counselor	<input type="checkbox"/>	<input type="checkbox"/>
- Certificate of lab technician	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Location</b>		
- Waiting room	<input type="checkbox"/>	<input type="checkbox"/>
- Counseling room	<input type="checkbox"/>	<input type="checkbox"/>
- Laboratory room	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Lab equipment</b>		
- 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