



Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

Ministry of Public Health
Health Professional Council

Types of profession

- Doctor
Dentist
Nurse
Midwife

white background
Photo
3 x 4 cm

Request Letter

To: President of Health Professional Council

Subject: Request for registration and license for healthcare professional services

- 1. Name and family name
2. Gender Male Female
3. Nationality
4. Date of Birth (dd/mm/yyyy)
5. Place of Birth: Town/City Country
6. Present address (Country of origin)
7. Present address (Lao PDR) If any
8. Passport No. Date of issue Expiration date
9. Visa Categories: No. Date of issue Expiration date
10. Contact detail: Mobile phone WhatsApp/Line number E-mail
11. Languages for communication: Lao, English, French, Other
12. Professional Education: from the lowest to highest levels (Attach copies and translated into English and certified by competent organization)
13. Commencement of healthcare professional services
Date(dd/mm/yyyy)
At (Workplace)

14. Last healthcare professional services

Date(dd/mm/yyyy)...../...../.....

At(Workplace).....

15. License number .....Country of issued.....

Date of issued (dd/mm/yyyy)...../...../.....

Date of expiry (dd/mm/yyyy)...../...../.....

16. Categories of professional service requested

Employment     Expert visit     Teaching     Training     Research     Humanitarian

17. Place of work requested (Please attach Letter of acceptance/Invitation)

.....

18. Duration of work.....month(s).....day(s)

Start from date.....To.....

I hereby declare that after I have been registered and given a license, I will strictly respect the law on healthcare and other related laws and regulations of the Health Professional Council.

Therefore, I made this request for your kind consideration.

At.....

Date.....

**Signature of Applicant**



**III. Professional Record:**

No	Places	Year	Positions	Divisions	Country

I confirm that information given above is true.

At....., date.....

**Signature and stamp  
from Work Place**

**Signature of Applicant**

**Annex 1: List of documents to be prepared by foreign healthcare practitioner to apply for registration and a license to practice.**

1. A request letter	01 copy (a template is available)	<input type="checkbox"/>
2. Curriculum vitae	01 copy (a template is available)	<input type="checkbox"/>
3. Statement of work experience (from workplace)	01 copy	<input type="checkbox"/>
4. Copy/ies of qualification certificate	01 copy	<input type="checkbox"/>
5. A copy of a valid license to practice from the country of origin	01 copy	<input type="checkbox"/>
6. A copy of a passport with a work visa (not a tourist visa)	01 copy	<input type="checkbox"/>
7. Health certificate from the country of origin or the Lao PDR (Less than 3 months)	01 copy	<input type="checkbox"/>
8. Acceptance letter or invitation from the host institution	01 copy	<input type="checkbox"/>
9. Malpractice insurance or letter of guaranty from the host institution	01 copy	<input type="checkbox"/>
10. Letter of criminal record clearance from the country of origin	01 copy	<input type="checkbox"/>
11. Photo size 3 X 4 (white background, not over six months)	03 pieces	<input type="checkbox"/>