



EDUSCOPE INTERNATIONAL REGISTRATION FORM

Registration Date: _____

| CANDIDATE'S INFORMATION | |
|-------------------------|---|
| Name: | Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. |
| Mobile Number: | Organization: |
| License Expiry Date: | Profession <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Allied Staff <input type="checkbox"/> Others |
| Email ID: | License: <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> HAAD <input type="checkbox"/> DHCA |

Please write legibly in **CAPITAL as required in the certificate**

| ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) March 2026 | | | |
|---|--|-------------------------|--------------------------|
| SL NO. | DATE | DAY | TICK YOUR DESIRED COURSE |
| 1 | 6 th April 2026 & 7 th April 2026 | Monday & Tuesday | |
| 2 | 10 th April 2026 & 11 th April 2026 | Friday & Saturday | |
| 3 | 15 th April 2026 & 16 th April 2026 | Wednesday & Thursday | |
| 4 | 20 th April 2026 & 21 st April 2026 | Monday & Tuesday | |
| 5 | 24 th April 2026 & 25 th April 2026 | Friday & Saturday | |
| 6 | 29 th April 2026 & 30 th April 2026 | Wednesday & Thursday | |

Send back to us the filled registration form together with the payment receipt to our email accounts: info@eduscope.me / lifesupport@eduscope.me

Note: Ebooks along with instructions on how to download shall be shared via email.

MODE OF PAYMENT:

- CASH PAYMENT:** You can visit us in our Training Center
- CHEQUE PAYMENT:** Payable to Eduscope International FZ LLC (cheque should be cleared 5 days before the course date)
- BANK:** through (a) cash deposit Emirates NBD ATM (no charge); (b) Bank deposit through Emirates NBD

BANK DETAILS:

Account Name: Eduscope International FZ LLC

Account No.: 101 414 693 5401

Bank: Emirates NBD

Branch: Wafi Mall

Swift Code:

EBILAEAD

Iban No.: AE 90 0260 0010 1414 6935 401

❖ Request for issuance of new certificate is AED 50/-

Eduscope International has the right to cancel or reschedule a specific course. In case of cancellation and rescheduling, we will notify and candidates will have an opportunity to select alternative courses. NO REFUND POLICY IS APPLICABLE.

RESCHEDULE POLICY:

❖ **RESCHEDULE WITHOUT AFFECTING THE REGISTRATION FEE:**

- a) The reschedule notification should be sent to us via email **10 days prior to the selected course date.**
- b) In case of medical emergency, kindly share the medical supportive document(mandatory). Reschedule Request without the document will not be considered.

❖ **RESCHEDULE WITH ADDITIONAL PAYMENT**

- a) If the reschedule notification is sent **between 9-5 days prior to the selected course date, 50% of the course fee would be charged additional as penalty.**
- b) If the reschedule is **less than 4 days**, then the **course will be forfeited** and the candidate should re-register for the course.

- ❖ We can accommodate the rescheduling of the course only **“once “**and with valid reason and supporting Document.
- ❖ Candidates have to be present for the session at the mentioned course time.
- ❖ Candidates who arrive late after 15 minutes of the start of the session will not be allowed and the session shall be forfeited.
- ❖ **Failure to complete & submitted the ACLS Precourse self-assessment and video lessons prior to the scheduled course date will be forfeited.**
- ❖ Course will be forfeited if the candidate will not attend the scheduled session.
- ❖ **“NO REFUND POLICY”** is permitted

Remarks:

Medical Issues (if any) please mention: _____

If you have any physical limitations to perform the practical skill test, kindly mention:

For Ladies:

Are you pregnant: Yes No

If yes (please specify): No of weeks: _____

I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE-MENTIONED POLICY.

Signature: _____

Date: _____