



# 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) May 2026			
SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	1 <sup>st</sup> May 2026 & 2 <sup>nd</sup> May 2026	Friday & Saturday	
2	6 <sup>th</sup> May 2026 & 7 <sup>th</sup> May 2026	Wednesday & Thursday	
3	11 <sup>th</sup> May 2026 & 12 <sup>th</sup> May 2026	Monday & Tuesday	
4	15 <sup>th</sup> May 2026 & 16 <sup>th</sup> May 2026	Friday & Saturday	
5	20 <sup>th</sup> May 2026 & 21 <sup>st</sup> May 2026	Wednesday & Thursday	

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

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**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: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_