

EDUSCOPE INTERNATIONAL CME REGISTRATION FORM

CANDIDATE INFORMATION

****PLEASE WRITE ALL DETAILS LEGIBLY IN CAPITAL AS REQUIRED IN CERTIFICATE**

Name:	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Mobile Number:	Organization:
License Expiry Date:	License: <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> HAAD <input type="checkbox"/> DHCA
Email ID: (Pls write legibly)	KINDLY PROVIDE THE ACTIVE, WORKING MAIL ID TO SHARE THE WEBINAR LINK & CERTIFICATE

COURSE DETAILS

SL NO	NAME OF THE COURSE	COURSE DATE	START TIME	TICK YOUR DESIRED COURSE
1	TRAUMA CARE PRINCIPLES	17/05/2026 Sunday	11:00 AM	
2	ACUTE MANAGEMENT OF STROKE	14/06/2026 Sunday	11:00 AM	
3	PATIENT SAFETY CULTURE	12/07/2026 Sunday	11:00 AM	
4	CODE BLUE RECOGNITION & MANAGEMENT	09/08/2026 Sunday	11:00 AM	
5	ECG INTERPRETATION	13/09/2026 Sunday	11:00 AM	
6	PEDIATRIC EMERGENCY CARE	11/10/2026 Sunday	11:00 AM	
7	BEST PRACTICES FOR INFECTION CONTROL	08/11/2026 Sunday	11:00 AM	

The CME POINTS of these Accredited Webinars can be used for license renewal as category 1, even though it is online.

- Forward the completed registration form along with the payment receipt to the email id below.
info@eduscope.me OR cme@eduscope.me

MODE OF PAYMENT:

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

BANK DETAILS:

BANK DETAILS:	
Account Name:	Eduscope International FZ LLC
Account No.:	101 414 693 5401
Bank:	Emirates NBD (Wafi Mall Branch)
Swift Code:	EBILAEAD
Iban No.:	AE 90 0260 0010 1414 6935 401

General Policies:

- Webinar link will be shared to the registered candidates via email two days prior to the session, and the certificates will be issued online three days post session.
- 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 request to be notified at least a week prior to the course date with valid reason and supportive documents. Reschedule is possible only **“once”**.
- ❖ Reschedule on the course day will be approved **ONLY** with supportive documents.
- ❖ Nonattendance, without notification is considered absent and the Course will be forfeited.
- ❖ Certificate will **NOT** be issued if the candidate does not attend the complete webinar session.

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

Signature:

Date: