



EDUSCOPE INTERNATIONAL

REGISTRATION FORM

Registration Date: _____

CANDIDATE'S INFORMATION	
Name:	Title: ☐ Dr. ☐ Mr ☐ Mrs ☐ Ms
Mobile Number:	Organization:
Are you doing the course: First Time ☐ Renewal ☐	Profession ☐ Doctor ☐ Nurse ☐ Allied Staff ☐ Others
Atlas/AHA Registered Email ID:	License: ☐ DHA ☐ MOH ☐ HAAD ☐ DHCA

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

ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) August 2026			
SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	10 th August 2026 & 11 th August 2026	Monday & Tuesday	
2	14 th August 2026 & 15 th August 2026	Friday & Saturday	
3	17 th August 2026 & 18 th August 2026	Monday & Tuesday	
4	19 th August 2026 & 20 th August 2026	Wednesday & Thursday	
5	27 th August 2026 & 28 th August 2026	Thursday & Friday	
6	31 st August 2026 & 01 st September 2026	Monday & Tuesday	

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: _____