



INTERNATIONAL HEALTH AND SAFETY TRAINING CENTER

INFORM. EDUCATE. PROVIDE.

Registration Form

DATE: _____

REGISTERED BY: Click or tap here to enter txt. PAID: TEXTBOOK RECEIVED:

PERSONAL INFORMATION Title: Dr. Mr. Mrs. Ms.

Name: _____

(Please write legibly in CAPITAL as you would like your name to appear on the certificate) **ANY RE-ISSUANCE IN CERTIFICATION DUE TO SPELLING ERRORS OR UNCLEAR WRITING WILL COST 50 AED PER CERTIFICATE**

Phone Number (Office): _____ Mobile: _____

Email: _____

Address: _____ P.O. Box: _____

City: _____ Emirate: _____ Country: _____

Name of organization: _____

Profession: _____ Area of Specialization: _____

Date of Course: _____

| COURSE NAME | SELECT |
|--|--------|
| Basic Life Support (BLS) – American Heart Association | |
| Advanced Cardiovascular Life Support (ACLS) -AMERICAN HEART ASSOCIATION | |
| Pediatric Advanced Life Support (PALS) - AMERICAN HEART ASSOCIATION | |
| Heart Saver First Aid/CPR/AED – AMERICAN HEART ASSOCIATION | |
| Pediatric Heartsaver First AID-CPR-AED - AMERICAN HEART ASSOCIATION | |
| Emergency First Aid/CPR/AED – PERRI-MED | |
| Standard First Aid/CPR/AED – PERRI-MED | |
| Neonatal Resuscitation Program (NRP) | |
| Intravenous (IV) and Intraosseous (IO) Therapy Course | |
| ECG & Pharmacology | |
| Basic Life Support Instructor Course - AMERICAN HEART ASSOCIATION | |
| Advanced Cardiac Life Support Instructor Course - AMERICAN HEART ASSOCIATION | |
| Pediatric Advanced Life Support Instructor Course - AMERICAN HEART ASSOCIATION | |
| INFECTION CONTROL WORKSHOP | |
| Patient Safety Course | |
| Basic Fire Fighting Awareness | |

Name of course (If not listed above): _____

PAYMENT OPTIONS

- CHEQUE PAYMENT:** Payable to International Health & Safety Training Center FZ LLC.
- CASH PAYMENT:** You may make payments in Person at our Training Center International Health & Safety Training Center, Unit 7-2R, Ground Floor, Al Razi Medical Complex, Building No. 64, Dubai Healthcare City, Dubai, UAE.
- BANK TRANSFER:** Noor Islamic Bank, Beneficiary: International Health & Safety Training Center FZ LLC

SIGN HERE TO
CONFIRM THE SPELLING
OF YOUR NAME *

ACCOUNT # 00110458890016 IBAN # AE700520000110458890016, Branch: Sheikh Zayed Road

- All Basic courses must be registered and paid for a minimum of 1-week prior to the training session they wish to register for.
- All Advanced Courses must be registered and paid a minimum 3-week prior to the training session they wish to register for.

Reschedule policy:

- Rescheduling a course date you have been registered must be initiated two (2) weeks before the date of course.
- For any rescheduling request it must be initiated before 2 weeks prior to the course date. If rescheduling request initiated one week before the course rescheduling Fee for BLS, HSFA, PHSFA and CME Courses is 150 AED and for Advance Courses (ACLS, PALS, NRP, CPHQ, NCCLEX, EMS) is 500 AED. No rescheduling request will be granted initiated within a week prior to the course date.
- If no show and late comers more than 15 minutes past the scheduled course start time, they will forfeit course fee.
- Absolutely NO REFUND POLICY is permitted

Signature: _____

IHSTC reserves all rights to cancel or reschedule a training session. In such an event, the candidate will be duly notified and offered the opportunity to select to new course dates. Courses that are rescheduled by either party are NOT Eligible for Refund. The candidates do have the option to apply the fees towards another course or transfer to another candidate.

I ACKNOWLEDGE THAT I HAVE READ & UNDERSTOOD ALL OF THE ABOVE TERMS

Signature: _____

Date: _____

ONLY COMPLETE THE BELOW IF YOU ARE SCHEDULING THE COURSE IN LESS THAN SPECIFIED REGISTRATION TIME FRAME.

Disclaimer:

If one wishes to register for the training session less than the specified registration period; they may do so at their own responsibility. Each of our courses requires the candidate to be successful in the practical and written assessment to obtain certification. You must take a self-assessment of own preparedness to attend the training session to determine your eligibility.

I am aware of the above & consider my self-capable of taking the training session in less than the specified registration time frame. I assume all responsibility if I am unable to successfully complete the training session.

Signature: _____

Date: _____

AHA Disclaimer

"Use of American Heart Association materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for a course, except for a portion of fees needed for AHA course materials, do not represent income to the Association."