

LIFE SUPPORT COURSE REGISTRATION FORM

DATE (Attending the course)

☐ NRP

☐ ATLS

* Please write in Blue or Black Ball Pen and as you wish to be written in the Certificates.

Name in English

الإسم بالإنجليزية

First Name

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Middle Name

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Family Name:

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Academic qualification:

الشهادة العلمية

SCHS status: ☐ Registered ☐ Not Registered

رقم التسجيل بالهيئة السعودية

Registration No (SCHS)

رقم التسجيل بالهيئة السعودية

Email :

Contact No:

رقم الإتصال الأول

Specialty : ☐ Nurse ☐ Physician ☐ Pharmacist ☐ Lay person ☐ others
التخصص

Organization

اسم جهة العمل

(DSFH STAFFS ONLY)

I.D. #:Unit/Department.....

Date of Employment :.....

Place of your last certification

Expiry Date of your last certification:

ACKNOWLEDGEMENT

1. Registered candidates will be considered absent if they fail to show up during the course and 100% of their course payment will forfeited, unless a written apology with a JUSTIFIED REASON is submitted to the LSTC and accepted at least 3 days in advance of the course date.
2. If the candidates fail in the exam, he /she will pay the course fee and for DSFH staff will pay in accordance with the LSTC policy & deductible from their monthly salary.

Signature of Candidate