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| **PLEASE FILL OUT THE FORM COMPLETELY AND LEGIBLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Name |  | |  | | | | | | | | | | | | | | | | | | | | | | | | New | | | | | | Renewal (Attach Valid cert.) | | | | | | | | | |
| Course Date |  | | | | | | | | | | | | | | | | | | | Title: Dr. Mr. Ms. Mrs. | | | | | | | | | | | | | | | | | | | | |
| ID NO |  | | | | | | | NON KHCC : Elective training Medical rotation International Training Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WRITE YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | |  | | |  | |  | | | |  | |  | |  | | |  | |  | | | |  | | | |  | |  | | |  | | |  | |  | |  | |
| Middle Name |  | | |  | |  | | | |  | |  | |  | | |  | |  | | | |  | | | |  | |  | | |  | | |  | |  | |  | |
| Last Name |  | | |  | |  | | | |  | |  | |  | | |  | |  | | | |  | | | |  | |  | | |  | | |  | |  | |  | |
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| Department | |  | |  | | | | | | | | | | | | | | | | | | | Job Title | | | | | | | | | | | | | | | | | | | |
| Mobile Number | |  |  | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  | |  | |  | |  | | |  |  | |  | |  | |  |
| Email | |  |  | |  | |  | |  | |  | |  | |  |  | |  | | | |  | |  | |  | |  | |  | | |  |  | |  | |  | |  |
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| **LSTC Course Registration Regulations**  **General Instructions:**   * All courses commence at 08:00 am; students will not be allowed to enter if they are late more than 30 minutes.   **Rescheduling cancelation and NO Show policy:**   * Participant should wear appropriate and comfortable dress. * Rescheduling should be 7 days for basic life support courses and 14 days for advance life support courses before the course date * Rescheduling is allowed for one time only if done within three months from the initial registration date, otherwise a 25% rescheduling fee will apply. * Cancelation of the course without penalty can be done before the course start date up to 14 days, in this case only the cost of the text book will be deducted otherwise fees refund will not apply in this case. * Course can be cancel and reschedule by KHCC LSTC for another date if attendance number are less than 50% or less than 4 students of scheduled students. * Student will lose his/her registration if didn’t show up for the course or they miss the first 30 minutes of the course, no fees refund applies to this case, only course rescheduling in emergency situations. * **Courses may be videotaped** for educational purposes, or instructor monitoring by TCF. Consent is automatically granted by signing this form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RECOMMENDED PERIOD FOR REGISTRATION**  It is recommended that all Students register and receive course materials one week before the course date for basic life support courses and two weeks before advance life support courses. This will enable candidates to review course material and be ready for the course.  **LATE REGISTRATION DISCLAIMER**  I am aware of the recommended period for registration. I accept full responsibility for any consequences that may arise as a result of my late registration.  ** I READ AND AGREE ON THE ABOVE MENTIONED INFORMATION & REGULATIONS:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name:** |  | **Date** |  | **Signature** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |