



**PHOTO**

Continuing Professional Education in Wound Healing Science 2025-2026

STUDENT REGISTRATION FORM Abu Dhabi 13th Group

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| --- | --- | --- | --- | --- | --- | --- |
| Initials Dr/RN/other | Name as to appear on Certificate. | | | | | |
| e-mail address: |  | | Sex | | Male Female | |
| Country code | + |  | Mobile: | |  | |
| ID/ passport #: | |  | | | DOB: ...00/month/year… | |
| Professional. board #: | |  | | | | |
| Facility of Practice: | |  | | Country of Origin | |  |
| Professional designation: | | | | | | |
| Tertiary Qualifications: | | | | | | |
| Qualification | | Institution attained: | | | Year | |
| Degree: | |  | | |  | |
|  | |  | | |  | |
| Wound Care Experience: | | | | | | |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course fees to be transferred electronically into the following account:

ACCOUNT TITLE: STARS MEDICAL ASSISTANCE CENTER ACC #:**019120017376** IBAN: AE830330000019120017376

Bank Name: Mashreq Bank Branch: Zayed 2nd Branch City/State: Abu Dhabi Country: United Arab Emirates Swift Code: BOMLAEAD

Send copy of your last qualification, registration form with your professional Board and current license of practice to **Ms. Shyja Koshy, e-mail Admin at:** [**iiwcc.ae2@gmail.com**](mailto:iiwcc.ae2@gmail.com)

**Once you receive the confirmation and approval of your registration then send the Money to the given account and send the receipt by e mail as scanned copy.**

**I accept that no access to the course will be granted without payment of a registration fee**