



Continuing Professional Education in Wound Healing Science 2025-2026

## STUDENT REGISTRATION FORM Abu Dhabi 13<sup>th</sup> Group

Initials Dr/RN/other	Name as to appear on Certificate.		
e-mail address:		Sex	<input type="checkbox"/> Male <input type="checkbox"/> 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: [iwcc.ae2@gmail.com](mailto:iwcc.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**