International Academy of Anesthesia & Critical Care

Application Form for BLS/ACLS Provider Training Course

Important instruction: Please submit a scanned copy (not a photographed image) of this completed form in **PDF format**. Preferably use a dedicated **scanner.** *Forms submitted with distorted, low-quality, or greyscale images (often caused by mobile camera scans) will be* rejected

1. Basic Details

Name of the institution :

Category of institution (medical college\nursing college\dental college\other) **:**

Title of the Program: BLS Provider Course /ACLS Provider Course *(ACLS includes BLS too)*

Date(s):

2. Organizing Team Details (edit headings as per your program)

Organizing Team			
	Organizing Chairperson/Key person 1	Organizing Secretary/Key person 2	Other
Name			
Contact Email:			
Mobile Number:			
Affiliation			
Country/State			

3. Involvement of IAOACC Resource Faculty

Name/s of IAOACC Resource Faculty in the Program:

Role in the Program: □ Chairperson □ Organizing Secretary

□ Scientific Chairperson □ Faculty Speaker

Note: *In the event that no IAOACC Resource Faculty is part of the organizing team, the Academy reserves the right to nominate a Resource Faculty member to serve as an official observer. The organizing institution shall be responsible for the travel and hospitality expenses of the nominated faculty.*

4. Trainer (List only valid Trainers/Instructers)

- Name(s) and Designation(s):
- Affiliation(s):

Note: After accreditation academy will share the agenda of the course BLS course is on one day and ACLS course is of two days. Organizing team must confirm that they will cover all the topics and competency as provided in the agenda.

5. Fee & Payment details

Accreditation Fee

1. ₹1,200 per candidate
Includes a unique accreditation card with three-year validity and a hardbound book covering the latest global concepts and practices in resuscitation.

2. ₹500 per candidate
Includes a unique accreditation card with three-year validity.

☐ ***I agree to pay the accreditation fee with the book.***

☐ ***I agree to pay the accreditation fee without the book.***

☐ ***I request a fee waiver of up to ₹100 per candidate. Please specify the reason below:***

_____

_____

_____

Note:

- Minimum 25 candidates are mandatory for course.
- Geotagged photograph of the training activities is must.
- Organizing chairperson along with the academy resource faculty must verify the attendance of trainees in each session. As attending all session is must.

Account Details for Payment:

Name: *Academy of Anesthesia & Critical Care*
Account Number: *44509503704*
Bank: *State Bank of India*
Branch: *Jhansi Main Branch*
IFSC Code: *SBIN0000102*

Payment Details :

☐ UPI. _____ (Transaction id)

☐ Bank Transfer. _____ (UTR Number)

6. Declarations

□ I hereby declare that all scientific, ethical, and legal aspects of this event comply with the relevant laws and guidelines of the National Medical Commission (NMC) and Government of India.

□ I undertake that all resuscitation-related training, course content, algorithms, skill stations, and assessments will follow the latest American Heart Association (AHA) guidelines and subsequent updates as and when published or released.

□ I affirm that the IAOACC logo will be used only at appropriate positions on certificates, banners, and other approved materials, without distortion, stretching, unauthorized resizing, or alteration, and strictly in accordance with the Academy's logo usage guidelines.

□ I further affirm that I will comply with all instructions mentioned above regarding the **course agenda, attendance requirements, conduct of the course, and certification process**.

□ I understand and agree that **if any certificate is found to have been falsely, fraudulently, or unauthorizedly issued to any candidate, the accreditation granted for the entire course shall be liable to cancellation.**

Signature

Name of Applicant:
Designation:
Institution:
Role in the scientific event
Signature & Date: