

Pay the program review fee by bank transfer to the below account details following the payment instruction table

Bank Name: Dubai Islamic Bank
Account Name: Dubai Health Authority
Account Number: 001700005099749
IBAN: AE040240001700005099749
SWIFT CODE: DUIBAEAD

Table of the fee details:

Program Duration	Fees for application submitted ONE month or more before the program date	Service Fees	KD	ID	Fees for application submitted less than one month before the program date	Service Fees	KD	ID
1 day - two hours or less	220.00	200.00	10.00	10.00	2,220.00	2,200.00	10.00	10.00
1 day - more than two hours	520.00	500.00	10.00	10.00	2,520.00	2,500.00	10.00	10.00
2 days - Less or more than two hours	1,020.00	1,000.00	10.00	10.00	3,020.00	3,000.00	10.00	10.00
3 days - Less or more than two hours	1,520.00	1,500.00	10.00	10.00	3,520.00	3,500.00	10.00	10.00
4 days - Less or more than two hours	2,020.00	2,000.00	10.00	10.00	4,020.00	4,000.00	10.00	10.00
5 days - Less or more than two hours	2,520.00	2,500.00	10.00	10.00	4,520.00	4,500.00	10.00	10.00
6 days - Less or more than two hours	3,020.00	3,000.00	10.00	10.00	5,020.00	5,000.00	10.00	10.00
7 days - Less or more than two hours	3,520.00	3,500.00	10.00	10.00	5,520.00	5,500.00	10.00	10.00
8 days - Less or more than two hours	4,020.00	4,000.00	10.00	10.00	6,020.00	6,000.00	10.00	10.00
9 days - Less or more than two hours	4,520.00	4,500.00	10.00	10.00	6,520.00	6,500.00	10.00	10.00
10 days - Less or more than two hours	5,020.00	5,000.00	10.00	10.00	7,020.00	7,000.00	10.00	10.00