



## Mountain Post Medical Simulation Training Center Emergency Medical Technician – Refresher Registration Form

Registration for the Emergency Medical Technician-Refresher course is required and should be on file with the MSTC 30 days prior to the course start date. A certificate of training and 24 CEU's will be given to each Soldier who completes the course. Any questions please contact the MSTC at 719-526-2820, FAX 719-526-5351. For additional information go to website: [www.carson.army.mil/mstc/index.html](http://www.carson.army.mil/mstc/index.html)

Class Dates: \_\_\_\_\_ to \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ PMOS \_\_\_\_\_ ETS: \_\_\_\_\_

Unit: \_\_\_\_\_ Duty Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address: \_\_\_\_\_ NREMT Expiration Date \_\_\_\_\_

COMPONENT (please circle one) RA / AR / NG / AF / Other \_\_\_\_\_

### Prerequisites:

- Must be able to lift or carry, at least 125 pounds.

### The following items must be included with the completed registration form:

- Front and back copy of current Health Care Provider BLS card
- Current copy of NREMT wallet card

I understand that class starts at 0800 on the first day of class, building #2130. Failure to be present at that time and date will cause me to be dropped and my Platoon Sergeant, First sergeant, or Commander will be notified. Uniform for training is ACU's or duty uniform.

Signature: \_\_\_\_\_ BLS Expiration date (month/year): \_\_\_\_\_

### PLATOON SERGEANT

Signature: \_\_\_\_\_

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

UNIT COMMANDER or FIRST SERGEANT is the approving authority and validates that the above Soldier will attend this course.

The above named Soldier has unit authorization to attend the course on the above dates and has no further additional duties or obligations during the course (CQ, SDO, etc) and will not miss any training time.

Commander/1SG Signature: \_\_\_\_\_

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Privacy Act Statement

Disclosure of Social security Number (SSN) is voluntary however, failure to provide SSN will result in the inability to properly credit training information into the required databases. Authority: 10 U.S.C. 3013 and E.O. 9397 (SSN).