

## Mountain Post Medical Simulation Training Center International Trauma Life Support (ITLS) Registration Form

Registration for ITLS is required and should be on file with the MSTC 30 days prior to the course start date. Any questions please contact us at 719-526-2820, FAX 719-526-5351. For additional information go to website: www.carson.army.mil/mstc/index.html

Class Date	S:	_ 10			
Last Name:			_ First Name:		MI
Rank:	SSN:	PMOS	ETS:	Home Phone	
Unit:		Duty Phone	Email addı	ress (prefer AKO):	
COMPONE	NT (please circle one) R	RA / AR / NG / Other		-	
<ul> <li>B</li> <li>It</li> <li>M</li> </ul> The following	MT Certification LS Certification is recommended that ME ust be present for all train ng items must be include	DIC Tables I-VIII have be ning between the hours of ded with the completed of rent Health Care Provider	0800-1700.	in the last 12 months  prior to seat confirmation:	
	ont and back copy of curr opy of NREMT wallet card		BF2 CAIA		
				Failure to be present at that will be notified. This course	
Signature: _			BLS Exp	piration date (month/year):	
NREMT Ce	rtification Expiration da	te (month/year):			
PLATOON	SERGEANT				
Signature: _					
Rank:	Last Name:		_ First Name:	Phone:	
UNIT COMI course.	MANDER or FIRST SER	GEANT is the approving	authority and val	lidates that the above Soldi	er will attend this
		authorization to attend ourse (CQ, SDO, Appoint		above dates and has no fu	urther additional
Commande	r/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).