



Application for Course Reservation

Fort Bragg Medical Simulation Training Center MSTC

<u>COMPONENT :</u>		<u>PARENT UNIT :</u>		
BED, BN, UNIT/CO :	UNIT/CO 1SG/SUPERVISOR	<u>COURSE REQUESTED:</u>		
POC FOR REQUEST:	Name:	DATES REQUESTED:	Start date	End date
POC Phone #:	Phone #:	# of SEATS REQUESTED:		# of AI's:

RANK:	NAME: (LAST, FIRST)	MOS:	Student Phone/cell #:	Student Email Address:	LIC/CERT EXP MO/YR

* The Soldier(s) will be excused from all unit level training and duties during the duration of the course. The Soldier(s) will **not** schedule appointments during this training period. The Soldier(s) is/are not pending any disciplinary actions which will result in him/her to be dropped from the course.

_____ (initial)

* The Soldier(s) place of duty will be at the MSTC school house for the duration of the course. If Soldiers need to be pulled from class for any reason, Commanders will contact the FBMSTC Course Coordinator for clearance at: (910) 907-1783.

_____ (initial)

* Units are required to submit this application to the FBMSTC NLT 10 working day prior to the requested training dates. Submissions less than 10 working days may prohibit Soldiers from training on requested days due to the course being full.

_____ (initial)

* All no-shows and student drops will be reported. Any students more than 10 minutes late to a course may be dropped from the course or have their seat filled with stand-by personnel.

_____ (initial)

* Upon completion of the scheduled course, the Soldier(s) will receive a course completion certificate and/ or card.

UNIT COMMANDER

(Print Name & Rank)

(Signature)

ADMINISTRATIVE INFORMATION

Date Received: _____



STBY

Date Approved: _____

Email all completed request to **FortBraggMSTC@army.mil** or the POC listed in the FBMSTC Schedule or contact Course Coordinator at (910) 907-1783 or Team Lead at (910) 643-2822 **edward.e.craven2.ctr@army.mil**