



**Fort Carson's
Medical Simulation Training Center
Paramedic Refresher (NRP-R)
Registration Form**

NRP-R is designed to fulfill the 56 hours of CEU requirements for sustainment of paramedic certification, while also providing Table VIII skills validation. The course is eight days. All Soldiers completing the course will receive a certificate for 56 CEUs and a 7442 annotated for Table VIII skills validation. Soldiers wanting to attend the course must have a current NRP License and ACLS and BLS cards.

[Medical Simulation Training Center: Fort Carson \(army.mil\)](http://army.mil)

Class Dates: _____ to _____

Last Name: _____ **First Name:** _____ **MI:** ____ **Rank:** _____

SSN: _____ **PMOS:** _____ **ETS:** _____

Full Unit (Brigade, Battalion, Company): _____

Duty Phone: _____ **Personal Phone:** _____

Military Email: _____ **Civilian Email:** _____

COMPONENT (please circle one) RA / AR / NG / Other: _____

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, Commander, or CSM will be notified. Repeated tardiness or **missing more than 1 hour** will result in my being dropped from the course. Uniform for training is ACU's or duty uniform.

Signature: _____

PLATOON SERGEANT

Last Name: _____ **First Name:** _____ **Rank:** _____

Email: _____ **Phone:** _____

Signature: _____

UNIT COMMANDER or FIRST SERGEANT is the approving authority and validates that the above Soldier will attend this course and that this is their designated place of duty during the above dates.

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/First Sergeant Name: _____ **Phone:** _____

Commander/ First Sergeant Signature: _____