



**Fort Carson's
Medical Simulation Training Center
TC8-800 Table VIII Training
Registration Form**

For MOS qualification, Combat Medics must meet specific requirements. Table VIII Training & Skills Qualification Tables satisfy these requirements. The skills of the Combat Medic must be sustained because they are perishable. Many 68W, Combat Medic Specialist duty positions do not allow opportunities for them to practice their operational medicine skills on a routine basis. The Training & Skills Tables include seven medical & trauma tables & skills qualification tests. These tables support the requirement for skills qualification, scenario-based lanes testing comprised of select critical skills.

[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:** _____

Type of Certification: EMT EMT-A EMT-P RN PA MD (Circle One) **Expiring:** _____

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, or Commander 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: _____