



**Fort Carson's
Medical Simulation Training Center
Tactical Combat Casualty Care (TCCC) Tier 2
Combat Life Saver
Registration Form**

Combat Lifesaver, also referred to as TCCC (Tier 2), is provided for units that do not have organic medical personnel. Assigned medics are responsible for providing training to their unit. The CLS Course is 4 days and Soldiers completing the course will receive a certificate of training. Combat Lifesaver is a bridge between the self-aid/buddy aid (First Aid) training given to all Soldiers and the medical training given to a 68W.

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

Class Dates: _____ to _____

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

SSN: _____ **PMOS:** _____

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, 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: _____