



**Mountain Post
Medical Simulation Training Center
Medical Education and Demonstration of Individual
Competence (MEDIC)
Registration Form**

Registration for the MEDIC Course 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 Dates: _____ to _____

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

Rank: _____ **SSN:** _____ **PMOS:** _____ **ETS:** _____ **Home Phone:** _____

Unit: _____ **Duty Phone:** _____ **Email address (prefer .mil):** _____

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

Prerequisites:

- Must be able to lift or carry, at least 125 pounds.
- Must be present for all training between the hours of 0800-1700.

The following items must be included with the completed registration form prior to seat confirmation:

- Front and back copy of current Health Care Provider BLS card
- Copy of NREMT wallet card

I understand that the course hours are 0800-1700 each day at 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. This course is intended for the 68W.

Signature: _____ **BLS Expiration date (month/year):** _____

NREMT- Certification Expiration date (month/year): _____

PLATOON SERGEANT

Signature: _____

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

UNIT COMMANDER or FIRST SERGEANT is the approving authority and validates that the above Soldier will attend this course.

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, Appointments, etc).

Commander/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).