



Medical Simulation Training Center (MSTC)



BLG 3002, 1733 W 15th St, Fort Stewart, GA 31313

Enrollment Form

CLASS (check one): Requested Date: _____

☐ Tables 1-8 (TC 8-800) ☐ Table 8 Validation ☐ BLS ☐ CLS ☐ Other (specify): _____

Name: Last _____ First _____ MI _____

Rank: _____ **Phone #:** _____ **E-Mail:** _____

SSN: _____ **Unit:** _____ **UIC:** _____

EMT Expiration Date: _____ **BLS Expiration Date:** _____

Leadership

1SG Name: _____ **Rank:** _____

Phone#: _____ **E-Mail:** _____

Commander Name: _____ **Rank:** _____

Phone#: _____ **E-Mail:** _____

Acknowledgement:

I hereby acknowledge that I have been examined and possess a current American Red Cross or American Heart Association Health Care Provider-level BLS certification. This certification includes Adult, Child, and Infant CPR, as well as AED training. ☐ Yes ☐ No

Soldier Signature: _____ **Date:** _____

I hereby affirm that the Soldier listed above will be removed from all duty rosters for the duration of the training and will be given the necessary time to complete the course. Failure to attend the scheduled course without prior notification or valid justification may result in a 'no-show' status in ATRRS, which carries administrative implications and reflects negatively on the Soldier's training record. Additionally, no-shows may impact unit readiness and resource allocation for future training opportunities.

First Sergeant Signature: _____ **Date:** _____

Commander Signature: _____ **Date:** _____

MSTC STAFF ONLY:

RECEIVED BY: _____ DATE: _____ SIGNATURE: _____

RANK, LAST, FIRST