

MEDICAL SIMULATION TRAINING CENTER
1773 W 15th Street
Fort Stewart, Georgia 31314

REQUEST FOR TRAINING/BUILDING UTILIZATION

Type of training requested:

CLS _____ MEDIC TABLES _____ BLS _____ OTHER (Specify) _____

Dates/Time to be trained: From: _____ To: _____

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Dates/Time to be trained: From: _____ To: _____

Number of students to be trained: _____

Number of instructors provided by the unit: _____

Number of instructors requested from the MSTC: _____

Building and equipment utilization request:

Type of training being conducted: _____

Number of students to be trained: _____

Number of instructors conducting the training: _____

Rank/Name _____ Contact #/Email _____

Rank/Name _____ Contact #/Email _____

Rank/Name _____ Contact #/Email _____

Rank/Name _____ Contact #/Email _____

Who is the overall POC for the unit being trained (Senior Medic, Schools NCO, MED PL, MED PL SGT, CO, 1SG). A MSTC staff member must be able to contact this individual at any time in case of changes. Units must follow up with the MSTC at least one week prior to their scheduled training dates to ensure that all training needs will be met. Clean up after training is complete will be in compliance of with the MSTC's SOP. Cancellations will be communicated to MSTC personnel at least 48 hours prior to requested training dates.

Rank _____ Name _____ Email _____
Office # _____ Cell # _____