



**Mountain Post  
Medical Simulation Training Center  
Emergency Medical Technician – Basic  
Registration Form**

Registration for the Emergency Medical Technician-Basic course is required and should be on file with the School **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.mill/units/MSE/mstc/index/html](http://www.carson.army.mill/units/MSE/mstc/index/html)

**Class Dates:** \_\_\_\_\_ to \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ PMOS \_\_\_\_\_ ETS: \_\_\_\_\_ Home Phone \_\_\_\_\_

Unit: \_\_\_\_\_ Duty Phone \_\_\_\_\_ Email address (prefer AKO): \_\_\_\_\_

COMPONENT (please circle one) RA / AR / NG / AF / FD / Marshall / AMB Department / Other \_\_\_\_\_

**Prerequisites:**

- Must be able to lift or carry, at least 125 pounds.

**The following items must be included with the completed registration form:**

- Front and back copy of current Health Care Provider CPR card
- OSHA (N-95) mask fit test from Evans Occupational Health, building #2059, 526-2939

**I understand that class starts at 0900 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. If I am not a U. S. Army Active Duty or Army National Guard Soldier, PMOS of 68W or 68WM6, or if this is my second attempt at the National Registry Exam since 1 OCT 01, then I will have a \$70 money order made out to NREMT to sit for the NREMT written exam.

Signature: \_\_\_\_\_ CPR Expiration date (month/year): \_\_\_\_\_

**PLATOON SERGEANT (Military)**

Signature: \_\_\_\_\_

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**UNIT COMMANDER, FIRST SERGEANT, or for civilian employees, SUPERVISOR is the approving authority and validates that the above soldier or civilian employee will attend this course.**

**The above named soldier or civilian 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).**

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).