



Mountain Post Medical Simulation Training Center International Trauma Life Support (ITLS) Registration Form

Registration for ITLS 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 AKO): _____

COMPONENT (please circle one) RA / AR / NG

Prerequisites:

- EMT Certification
- BLS Certification

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

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

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. This course is intended for the 68W.

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

NREMT-Basic 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, 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).