

EXAMPLE

DEPARTMENT OF THE ARMY
(Unit)

EXAMPLE

Office Symbol

Date

MEMORANDUM FOR Medical Simulation Training Center (MSTC)

SUBJECT: MSTC Facility/Training Request

1. Request for training at the Mountain Post MSTC Facility for the following dates:

Dates: _____

Number of Soldiers to Train: _____

Unit: _____

Type of Training: 4 day Combat Lifesaver (CLS) (40 max)
1 day CLS Validation Training/Testing (40 max)
8 day MEDIC Table I – VIII (35 max)
2 day MEDIC Table VIII Validation only (35 max)

2. I understand that the unit is responsible for providing a by name list of Soldiers for training one week prior to start of course.
3. I understand that the unit is responsible for providing a by name list of Medical NCO's if planning to assist with CLS validation or MEDIC Table VIII validation.
4. POC for this memorandum is the S3 NCOIC or OIC @ phone and email.

JOHN A. DOE
MSG, USA
NCOIC, S3

FT CARSON MSTC: APPROVED

DISAPPROVED

TIMOTHY D. OLSEN
Site Lead
Mountain Post MSTC