



**Mountain Post  
Medical Simulation Training Center  
Basic Life Support / BLS  
Registration Form**

Registration for the BLS course is required and should be on file with the School **15 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](http://www.carson.army.mil/mstc/index.html)

**Class Date:** \_\_\_\_\_

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

Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ PMOS \_\_\_\_\_ ETS: \_\_\_\_\_

Unit: \_\_\_\_\_ Duty Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address: \_\_\_\_\_ **BLS Expiration** \_\_\_\_\_

COMPONENT (please circle one) RA / AR / NG / Other \_\_\_\_\_

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

- Front and back copy of **current** Health Care Provider BLS card
- Current Healthcare Provider certification

**I understand that class starts at 0800 hrs at building #2130 on Khe Sanh St.** 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. Failure to cancel registration prior to the start date will result as a No Show in ATRRS. Uniform for Soldiers is ACU's or duty uniform. In the event of inclement weather, delayed start time is **0830**. If the post is shut down due to inclement weather, the course will start on the **next business day at 0800**.

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

**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).