Mountain Post
Medical Simulation Training Center
Pediatric Advanced Life Support (PALS)
Registration Form

Registration for the PALS course is required and should be on file with the MSTC 30 days prior to the course start date. A PALS card will be given to each Soldier who completes the course. Any questions please contact the MSTC at 719-526-2820, FAX 719-526-5351. For additional information go to website: https://www.carson.army.mil/mstc/index.html

Class Dates: _____ to _____

Last Name: _____ First Name: _____MI_____

Rank: _____ SSN: _____PMOS _____ **ETS**: _____

Unit: _____Duty Phone_____Home Phone_____

Email address: _____

Type of Certification: EMT EMT-A EMT-P RN PA MD (Circle One) Expiration Date: _____

COMPONENT (please circle one) RA / AR / NG / AF / Other_____

Prerequisites:

- Flight Paramedics have priority for this course.
- 68W's must complete required sustainment training prior to attending PALS (current in MODS)

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

- Front and back copy of **current** Health Care Provider BLS card
- Current copy of NREMT- wallet card
- MODs printout of current table training

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. Failure to cancel registration prior to the start date will result as a No Show in ATRRS. Uniform for training 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: _____ **BLS 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.) and will not miss any training time.

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).