



Mountain Post 91W School Emergency Medical Technician – Basic Registration Form

Registration for the Emergency Medical Technician-Basic course is required and should be on file with the School **45 days prior** to the course start date.

Class Dates: _____ to _____

Last Name: _____ First Name: _____ MI _____

Rank: _____ SSN: _____ PMOS _____ ETS: _____ Home Phone _____

Unit: _____ Duty Phone _____ Email address (prefer AKO): _____

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
- Documentation of HIPAA training (should be a total of seven certificates), MEDDAC third floor IMD section, 526-7540
- 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 #1012, room #103. 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 91W or 91WM6, or if this is my second attempt at the National Registry Exam since 1 OCT 01, then I will have a \$20 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: _____

MAJOR COMMAND TRAINING NCO (BRIGADE LEVEL)

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).

*** Questions may be addressed at building #1012, room #103, or phone 526-2820/8590. School fax is 526-5351.**