

TRAINING REQUEST

(UPDATED 9 June 2025)

COURSE REQUESTED DATES:

TABLE VIII / M.E.D.I.C

TC3 Medical

Provider BLS/CPR *

ALS/ACLS*

Trauma Lanes

DECM

TC3-ASM

Medical Education and Demonstration of Individual Competence (MEDIC) | Basic Life Support (BLS) / Cardio Pulmonary Resuscitation (CPR) | Advanced Life Support (ALS) | Tactical Combat Casualty Care All Service Members (TCCC-ASM) | Delayed Evacuation Casualty Management (DECM)

*Courses Coming Soon: ACLS Re-Cert

STUDENT'S NAME & RANK:

RANK

LAST

FIRST

MI

MOS

ACTIVITY/UNIT:

(if MEDDAC/DENTAC personnel, indicate Department/Division/ and Section/Branch)

PHONE #:

EMAIL:

(Personal email address required for Table VIII, BLS, & ALS)

SUPERVISOR'S INITIALS:

___ SM is available for training. **SM does not have appointments or duties during the requested course dates.**

___ SM's place of duty is the MTC during the requested course dates.

___ SM may be dismissed from course due to missing instruction. Unit's will not pull SM from class for details, training, tasks, ranges, etc. Exceptions may be granted on a case by case basis for emergency situations.

___ SM has IOTV, Kevlar/ACH, Gloves, and eye pro.

___ For DECM, **please ensure SM has been to a minimum** of TCCC or Tables in the last year.

___ Course cancellation will be sent to the MTC from the supervisor via email NLT two days before start date. **No-**

shows are reported to your respective Command.

SUPERVISOR'S NAME & RANK:

RANK

LAST

FIRST

MI

PHONE#

1SG or CDR SIGNATURE:

1SG or CDR Email/Phone Number:

ALL INFORMATION ON THIS FORM MUST BE COMPLETED

Submit completed form Subject Attn: 68W Course Coordinator

Taylor-SandriMTC@groups.health.mil if you want confirmation of the request, call (910) 907-7142 .

If emailed, attach the 'read receipt'.

To verify availability of the course dates requested, please call or email.