**Registration Form for Tactical Medicine - Technician (TM-T) Course**

*(Plan-IV POST ID: 1102-23013-16 / UASI Tracking ID: 17-01067)*

Please complete all of the enclosed data form information. Complete data as it should appear on your certification(s). The enclosed data will be used to populate your certifications for State of California EMS Authority TM-T; State of California POST; NAEMT Tactical Emergency Casualty Care and 40 hrs CAPCE (formerly known as CECBEMS) continuing medical education credits on successful completion of this course. The secondary contact telephone number would be used in case of emergency.

When application is complete, save file as LASTNAME\_FIRSTINITIAL-TM-T.docx (or .doc) and email to: meded@e-stops.com

If the class is full, this data will be used to populate a waiting list. You will be contacted within 3 business days of application submittal with your status (registered vs. wait listed).



First Name:  MI:  Last Name:

Job Title:

Organization:

Mailing Address (1):

Mailing Address (2):

City:  ST:  Zip:  -

Telephone (1):  Telephone (2):

Business email:

Email for NAEMT Membership (Comp):

DOB (MM/DD/YYYY):

Medical Cert No.:  Nat./St./Loc./Oth.:  Exp.:

Level of Certification (EMT/AEMT/Paramedic/RN/PA-C/NP/MD):

“Sponsored,” indicates your agency has sent you to this course / “Local Responder” indicates you are from San Diego County / “Replacement” indicates you are replacing a previous enrollee. Check all that apply.

- Sponsored

- Unsponsored

- Local Responder

- Replacement

**\*\*\*OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE\*\*\***



⬜ - Application complete

Date: \_\_\_\_\_\_\_\_\_\_

⬜ - Tuition Complete

Date: \_\_\_\_\_\_\_\_\_\_

⬜ - Registration complete

Date: \_\_\_\_\_\_\_\_\_\_

⬜ - Wait-listed

Date: \_\_\_\_\_\_\_\_\_\_



Pre-test score - \_\_\_\_\_

⬜ - Skills complete

Final score - \_\_\_\_\_

⬜ - Eval received

⬜ - TECC Cert

⬜ - TM-T Cert

⬜ - CAPCE issued

⬜ - STOPS TM-T item