



TACTICAL MEDICS INTERNATIONAL TEMS COURSE

**The Ohio State Highway Patrol Training Academy
Columbus, Ohio
April 29 – May 03, 2013**

ALL SECTIONS MUST BE COMPLETED

Name: _____

Agency _____

Address _____

City _____ State _____ Zip Code _____

Office Telephone _____ Cell Phone _____

Personal E-mail Addresses _____

Medical Certification: Paramedic / EMT-I / EMT-B / RN / MD Years of Experience: _____

Gender: Male Female

Date of Birth: ____/____/____ Place of Birth _____

Age: _____ yrs.

Sworn LEO: Yes No

List Any Disabilities: _____

Lodging accommodations: On-Campus Dormitory

- By my signature below and under penalty of perjury, I hereby swear and/or affirm that I am a Citizen of the United States.
- By my signature below and under penalty of perjury, I hereby swear and/or affirm that I am NOT a Convicted Felon.

- By my signature below and under penalty of perjury, I hereby swear and/or affirm that I am NOT a Fugitive from Justice.
- By my signature below and under penalty of perjury, I hereby swear and/or affirm that I am NOT affiliated with any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy for advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means, including but not limited to; hate groups, terrorists, gangs, anarchists, and militants.
- By my signature below I hereby authorize Tactical Medics International, Inc. to conduct a full and thorough background check. This includes, but is not limited to the verification of materials submitted with this application.

Signature: _____ Date Signed: _____

You must also submit the following supporting materials in order to be considered for this class:

- Payment in full via on-line registration, or directly to TMI.
- Photocopy of Driver's License
- Photocopy of Social Security Card
- Photocopy of Medical License
- Proof of employment by a Public Safety agency (EMS, Police, or Fire), military, or a United States Government Agency (Photocopy of ID, or letter on official letterhead with contact information for person providing the verification)
- Photocopy of LEO ID, or Letter of Endorsement from a Law Enforcement Agency (on LEA Letterhead, and with contact information for person providing the endorsement)

E-Mail, Mail, or Fax Supporting Materials and payment to:

Course Registration

Tactical Medics International, Inc.

3948 Third Street South, #132

Jacksonville Beach, FL 32250-5847

FAX: 904-212-1719

E-Mail: info@tacmedics.com

***Once ALL materials are received, you will be notified of your completed registration and additional information about this course will be provided.**