

**Cypress Creek EMS
Tactical Operational Medical Support Course
Registration Form**

Registering for: _____ **200**_____
(Course date)

All fields MUST be completed

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: _____

Email Address: _____

Rank: _____ EMT-B _____ EMT-I _____ EMT-P _____

NREMT# _____ Exp _____ State Cert Id# _____

Allergies: _____ Blood Type: _____ Sex: _____

SS#: _____ DOB: _____ Age: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: _____

Emergency Contact: _____ Telephone: _____

Are you currently assigned to a tactical unit: (Name) _____

Have you attended any other TEMS course: _____ Date: _____

Are you a law enforcement officer; YES / NO Agency: _____

Supervisor; _____ Contact # _____

Are you Driving or Flying to class (circle one)

Airline: _____ Flight number: _____ Time: _____

For Houston classes fly to IAH Bush Intercontinental Airport

For San Antonio classes fly into San Antonio International Airport

For additional information contact:

Wren Nealy Jr.

Office: 281-440-9650 ext 156

wnealy@ccems.com

Signature: _____ Date: _____