

**HMRS Field Medic Supplemental Application**

This supplement must be completed and returned before you can be accepted.  
After answering the questions, please rename the completed form as your last name and CAPID  
(ie, Jones555555) and send it to this email address ([rangerstaff@yahoo.com](mailto:rangerstaff@yahoo.com)).

Last name \_\_\_\_\_ First Name \_\_\_\_\_ CAPID \_\_\_\_\_

**Please check all Specialty Qualifications and Certificates that you have obtained. You may be required to provide documentation.**

- GES       GTM3       GTM2       GTM1       GTL       GBD
- IC3       IC2       IC1       BCut       ACut       MRO
- SET       UDF       MSO       OSC       Basic ORM
- R3       R2       R1       RA       Intermediate ORM
- OPSEC       Basic First Aid (send copy)       Advanced ORM
- CPR for Adults, Infants, and Children (send copy)       AED (send copy)
- EMT (send copy)

Any other medical training: \_\_\_\_\_

The Field Medic Course is for second year students. Please indicate when you have been a student at HMRS before.

Year	Squadron	Summer or Winter?
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have not been a student at Hawk Mountain Ranger School before, please describe why you think you should be exempt from this requirement.

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