



NORTH AMERICAN RESCUE™

Education and Training

Student Background Questionnaire

In order to ensure that all persons attending the **SOF MED** course have a similar base of knowledge, skills and have the ability needed to fully enable this curriculum, it is mandatory that all prospective students fill out this form in its entirety and submit it prior to course enrollment. ***The ONLY exceptions to this requirement include Active-Duty Military OR Current Law Enforcement Personnel from the following Units:***

USAF Pararescue
US Army Rangers

USN SEALs
FBI HRT

US Army Special Forces
Foreign Service SOF

ALL OTHERS, please complete this form and mail or fax this and any supporting documentation to:

NAR Training – 7055 Speedway Blvd E104 – LV, NV 89115
Fax (702) 685-3430 – Attn: Registrations Manager

Name/Rank: _____ Course Dates Requested: _____

Email: _____ Phone #: _____

Medical Certifications/Training: _____

Tactical Certifications/Training: _____

Existing ailments/injuries: _____

Height: _____ Weight: _____

Current Employer: _____ Phone #: _____

Current Profession: _____

Current Supervisor: _____ Phone #: _____

Professional Reference #1: _____

Email: _____ Phone #: _____

Professional Reference #2: _____

Email: _____ Phone #: _____

WHEREVER THE MISSION TAKES YOU...