



AEROMEDICAL PSYCHOLOGY TRAINING COURSE DATA SHEET

301 Andrews Avenue
Fort Rucker, Alabama 36362
FAX: (334) 255-7425 (DSN 558-7425)

NAME: (Last, First, MI) _____ **RANK:** _____

SSN: _____ **DOB:** _____ **DOR:** _____

Military Component: USA USAF USN USAR USARNG USAFR USPHS DoDCIV

Branch: MS MC BSC OTHER _____ **MOS/AOC/AFSC/Profession:** _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

WORK PHONE: DSN: _____ COMM: _____

CELL PHONE: _____

DUTY ASSIGNMENT AND UNIT ADDRESS: _____

CHECK APPLICABLE AREAS: _____ Licensed _____ Ph.D. _____ Psy.D.

_____ Other Professional Degree (Specify) _____

_____ ABD (Dissertation defense scheduled date: _____)

Please describe the aviation assets you will be supporting or how you might use the training in this course upon completion:

Practical Exercises in field environment are required. Check any which apply:

_____ Non-Swimmer _____ Fear of Heights _____ Fear of Flying
_____ Motion sickness/vertigo _____ Previous Hot Weather Injury
_____ Previous Cold Weather Injury
_____ Anything preventing completion of water survival training/flights/hypoxia training

Explain above checked items:
