



Hawk Mountain Ranger School

Medic Bridge Course Application

Name _____ Rank _____ CAPID _____

Home Address _____

Home Phone # _____ Cell # _____

Email Address _____

Previous HMRS (year and Squadron) _____

GTM Rating (Current) _____ Ranger Rating _____

IS Courses Completed: __100 __200 __300 __400 __700 __800

Medical Experience outside CAP (1st Responder, EMT, Paramedic, RN, ect.) _____

Reason you want to attend the Medic Bridge Course?

Please complete this application and send it to:

Capt Ryan Kelly
27 Cactus Road
Levittown, PA 19057

OR, email it to- CAPMED101@aol.com

(If you do not receive a confirmation email in 3 days, call me @ 215-595-3630)