



MISSOURI SHERIFFS' ASSOCIATION TRAINING ACADEMY

Serving Missouri Justice Since 1945

DATE:

November 12, 2024
8:00 a.m. – 7:00 p.m.

LOCATION:

Missouri Sheriffs' Association
6605 Business 50 West
Jefferson City, MO 65109

COST:

Contracted Agencies: \$100
Non-Contracted Agencies: \$200

DEADLINE: November 5, 2024

REGISTRATION:

Online: mosheriffs.com/training or
email registration form to
gina@mosheriffs.com

Minimum # of students 8
Maximum # of students 25

6605 Business 50 West
Jefferson City, MO 65109
573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

Tactical Medical for First Responders

POST #13906

This course is designed to define a medical threat assessment, to include a medical plan for a tactical operation.

Students will learn how to apply techniques to control life threatening bleeding during care under fire in a HOT ZONE. Additionally, they will perform techniques to treat life threatening and non-life-threatening injuries during tactical field care in a WARM ZONE. During the program, students will demonstrate lifting, moving, and extricating victims from a tactical or hostile environment during tactical evacuation care.

PRE-REQUISITES:

- Current CPR and Basic First Aid Training (prior to certification being issues, must obtain prior or withing 30 days of class completion.)
- Students are encouraged to wear proper clothing (i.e. BDU pants, t-shirt or compatible clothing) for skill drills that include being dragged and carried. If you have duty gear, it is recommended. Eye and ear protection also required. Drinks and snacks will be provided.

This course is recommended for law enforcement, fire fighters, EMS, security and range operators.

FOR MORE INFORMATION CONTACT:

Jeanne Merritt at 573-529-6900 or email at jeanne@mosheriffs.com



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REGISTRATION FORM

COURSE INFORMATION

Class: _____

Date: _____ Time: _____

County: _____

Training Host: _____

Training Address: _____

ATTENDEE INFORMATION

Agency Name: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

CONTRACTED AGENCY \$ _____ /per person. Total \$ _____

NON-CONTRACTED AGENCY \$ _____ /per person. Total \$ _____

PAYMENT METHODS

Bill my credit card.

_____ Exp _____

3-digit security code _____ *(Located on back of card)*

Enclosed is a check/money order. Check # _____

Total \$ _____

Signature _____

RETURN BY EMAIL, FAX OR MAIL TO:

ATTN: Gina Kauffman
FAX: 573-635-2128
gina@mosheriffs.com

Missouri Sheriffs' Association
6605 Business 50 West
Jefferson City, MO 65109

**NO REFUND IF NO SHOW.
50% REFUND IF CANCELLED
WITHIN 2 DAYS BEFORE
CLASS STARTS.**