

Air Methods Medical Personnel Coordination Training



Name: Chris D Frakes

email: [REDACTED]

Base: 5306 St. Joseph, MO Lifenet 2-2

Aircraft Make & Model:

N/A

N/A

N/A

Primary

Additional

Additional

Training Modules are located in the Pilot Training Program, Annex 38 R-4 or GOM page B-6.

Basic Indoctrination Ground Training

(whether employed by AIR METHODS or its Customers)

		Date	Instructor Signature
Physiological Aspects of Flight	<input type="checkbox"/>		
Patient Loading and Unloading	<input type="checkbox"/>		
Safety In and Around the Aircraft	<input type="checkbox"/>		
Passenger Briefing (When appropriate)	<input type="checkbox"/>		
Scene Operations (Helicopter only)	<input type="checkbox"/>		
In-Flight Emergency Procedures	<input type="checkbox"/>		
Emergency Landing Procedures	<input type="checkbox"/>		
Emergency Evacuation Procedures	<input type="checkbox"/>		
Refueling Procedures (if applicable)	<input type="checkbox"/>		

Recurrent Annual Ground Training

		Date	Instructor Signature
Physiological Aspects of Flight	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Patient Loading and Unloading	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Safety In and Around the Aircraft	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Passenger Briefing (When appropriate)	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Scene Operations (Helicopter only)	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
In-Flight Emergency Procedures	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Emergency Landing Procedures	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Emergency Evacuation Procedures	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot
Refueling Procedures (if applicable)	<input checked="" type="checkbox"/>	9/1/2009	James Lutz/Lead pilot

Notes:

1. Check the appropriate boxes.
2. Complete the form, sign, and email with subject line "Crewmember" to [REDACTED]
[REDACTED] Save as name.medicalpersonnel.monthdate.pdf.
3. Training shall be conducted by the Program Aviation Manager (PAM) / Aviation Service Manager (ASM), or AMC Training / Flight Standards representative and sign this form to certify that training has been completed.
4. Air Methods e-mail Address: [REDACTED]

DEN-FSDO / FAA Approved/Accepted: _____

Date: _____