Form TC13 – Remedial training record

#### Details

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| Crew member name: |  | ARN: |  |
| Crew position: | Flight crew member | Air crew member | Medical transport specialist |
| Trainer name: |  | Date of training: |  |

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| --- | --- |
| Training items | Complete  Yes / No |
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| Comments |
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#### Trainer acknowledgement

Completed:  Yes  No

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| --- | --- | --- | --- |
| **Crew member signature:** |  | **Date:** |  |
| **Trainer signature:** |  | **Date:** |  |