Fuel Reimbursement Training Initial and Recurrent Requirements

Pilot Identification			
PILOT NAME	LAST	FIRST	MIDDLE	CODE

Air Safety Foundation Online Safety Courses
I have completed and passed five of the following in the previous twelve months. *Please indicate those completed and passed.*
Do the Right Thing: Decision Making for Pilots
Essential Aerodynamics: Stalls, Spins and Safety
Weather Wise: Thunderstorms and ATC
Weather Wise: Precipitation and Icing
Weather Wise: Ceiling and Visibility
Weather Wise: Air Masses and Fronts
Single Pilot IFR
Runway Safety
IFR Insights: Cockpit Weather

SIGNATURE   DATE

Aircraft you intend to use for patient transport			
	Tail #	Type	Model	Average hourly fuel consumption (GPH)
#1				
#2				

Please list the VSpeeds where applicable

Type & Model	#1	#2	Type & Model	#1	#2	Type & Model	#1	#2	Type & Model	#1	#2
V_A			V_{FE}			V_{LE}			V_{LO}		
V_{NE}			V_{NO}			V_S			V_{SO}		
V_X			V_Y			V_{MC}			V_{YSE}		

I have read and am familiar with the Pilot's Operational Handbook (POH) and Emergency Procedures for all aircraft I intend to use for patient transport.

SIGNATURE   DATE

I have completed one or more of the following in the previous twelve months:
Flight Review
Instrument Proficiency Check
New Rating:
Two hours of training with CFI/II (combination of Flight and Ground Instruction)

SIGNATURE   DATE