



# 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. <i>Please indicate those completed and passed.</i>	
<input type="checkbox"/>	Do the Right Thing: Decision Making for Pilots
<input type="checkbox"/>	Essential Aerodynamics: Stalls, Spins and Safety
<input type="checkbox"/>	Weather Wise: Thunderstorms and ATC
<input type="checkbox"/>	Weather Wise: Precipitation and Icing
<input type="checkbox"/>	Weather Wise: Ceiling and Visibility
<input type="checkbox"/>	Weather Wise: Air Masses and Fronts
<input type="checkbox"/>	Single Pilot IFR
<input type="checkbox"/>	Runway Safety
<input type="checkbox"/>	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 <sub>A</sub>			V <sub>FE</sub>			V <sub>LE</sub>			V <sub>LO</sub>		
V <sub>NE</sub>			V <sub>NO</sub>			V <sub>S</sub>			V <sub>SO</sub>		
V <sub>X</sub>			V <sub>Y</sub>			V <sub>MC</sub>			V <sub>YSE</sub>		

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:	
<input type="checkbox"/>	Flight Review
<input type="checkbox"/>	Instrument Proficiency Check
<input type="checkbox"/>	New Rating:
<input type="checkbox"/>	Two hours of training with CFI/II (combination of Flight and Ground Instruction)
	SIGNATURE
	DATE