



Application for Chirurgeon-in-Training



Date: _____

Legal Name: _____ Age: _____

SCA Name: _____

SCA Group: _____

Address: _____

Phone: _____ E-Mail: _____

Document	Type	Expiration Date
Proof of Age/Date of Birth		n/a
First-aid certificate		
CPR/BLS		
SCA Membership		

Please provide copies of the above documents.

Examples of acceptable documents include:

Age: Driver's license, state ID, birth certificate

First Aid: First-aid certificate, EMT, Paramedic, LVN/LPN certificate, RN or MD/DO license

CPR/BLS: American Heart Association or American Red Cross

SCA Experience

How long have you been in the SCA?

Fighting experience:

Marshalling experience:

Medical Experience

Please summarize your background in providing first-aid level care

"I certify all the above information is complete and true to the best of my knowledge"

Legal Signature:

Please forward this form to the Kingdom Chirurgeon with copies of required documentation. Mailing address available in the Kingdom newsletter.