



# 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.*