



Application for Chirurgion-In-Training



Date: _____

Mundane Name: _____ Age: _____

SCA Name/Title: _____

SCA Kingdom/Group: _____

Mailing Address: _____

Phone: _____ Email: _____

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

Please provide copies of the above documents.

Examples of acceptable documents include:

Proof of 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 Chirurgion with copies of required documentation.
Mailing address available in the Kingdom newsletter.*