

**Training Application Form
SEA CUMMINS ENERGY SCHOOL**

Name: _____ Home Phone: _____

Street: _____ Bus. Phone: _____

City: _____ Fax: _____

State, Zip: _____ Email: _____

Occupation & years: _____ Date of Birth: _____

How did you hear about SEA CUMMINS?

Training for which you are applying:

Start Date of this training:

Summarize your health education experience; specify professional training:

Graduates of SCES Courses do not need to complete this section (we already have the information)

Summarize your experience as a professional in the health field: Graduates of SCES Courses do not need to complete this section (we already have the information)

Please describe your health condition & medical history, including any current medications:

Have you ever been convicted of a felony? If yes, please give details here or on a separate page, or contact us for an interview.

Send this completed form with \$100 to: SEA CUMMINS ENERGY SCHOOL (917) 588-6015 • 3695 NW South Rd, Portland, OR 97229 email: sea@themysticrawprincess.com DEPOSIT POLICY: \$50 is refunded if you withdraw your application; \$100 is refunded if your application is not accepted by SCES; deposit is deducted from course tuition total