



**\*\*\*\*RETURN THIS FORM WITH CAPF 60 AND \$10 CHECK  
made out to Group V, CAP\*\*\*\***

27. Additional Remarks:

**INSTRUCTIONS FOR COMPLETION OF CAP FORM 17**

**Note: Use of this form is optional at the discretion of the activity director (see CAPR 50-17, para 2-7b2).**

See CAPR 50-17, *CAP Senior Member Professional Development Program*, for additional information and instructions.

**1. APPLYING FOR ACTIVITIES:**

- a. For region level activities, unit commander verifies the information, makes recommendation, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for final approval by region commander.
- b. For selected national level activities, unit commander verifies the information, makes recommendation, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for action (if applicable). Region commander makes recommendation, assigns selection number, signs the application, retains a copy, and forwards original to HQ CAP/ETP.

**2. COMPLETING THE FORM:**

**Blocks 1-11, 13-15, 19-20** are self explanatory.

**Block 12** Enter the month and year and method of Level I completion. (Example: Feb 92/Seminar or Mar 93/Mitchell Award.)

**Block 16** List each specialty and the highest rating completed in that specialty. (Example: Enter 213-2 for Emergency Services Officer – Senior Level, or enter 201-1 for Public Affairs – Technician Level.)

**Block 17** List names and dates of training activities such as SAR exercises, SLS, AFIADL Course 13, RSC, ACSC, AWC, etc. Use Additional Remarks section above or add additional sheet if necessary.

**Block 18** List training awards only along with completion dates. (Example: Garber Award Aug 90.)

**Block 21** List physical handicaps or ailments for which the applicant will be taking medication during the activity or which might affect the applicant's level of participation in activities. Provide a list of medication taken regularly. Use Additional Remarks section or add additional sheet if necessary.

**Block 24** For Unit Commander.

Remarks are intended for consideration by the wing and region commanders. Use Additional Remarks section or additional sheet if necessary.

**Block 25** For Wing Commander.

For National Staff College (NSC), wing commander approves for personnel assigned within their wing, then forwards to NHQ CAP/ETP. Use Additional Remarks section or add additional sheet if necessary.

**Block 26** For Region Commander.

For National Staff College (NSC), this block is completed by region commander only for those members currently serving on the region staff, and then forwarded to NHQ CAP/ETP. Use Additional Remarks section or add additional sheet if necessary.

**CAP FORM 17, MAR 03 REVERSE**

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<b>EMERGENCY NOTIFICATION DATA</b>		
<b>PERSONAL INFORMATION</b>		
Last Name First Name MI	CAP RANK	CAP ID NUMBER
ADDRESS	CITY	STATE AND ZIP CODE
<b>CIVIL AIR PATROL UNIT INFORMATION</b>		
UNIT CHARTER NO.	UNIT NAME	UNIT LOCTION (City and State)
UNIT COMMANDER'S NAME	CAP RANK	TELEPHONE (Weekdays) AC:           No:
ADDRESS		TELEPHONE (Weekends) AC:           No:
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY</b>		
Last Name First Name MI	RELATIONSHIP	TELEPHONE (Weekdays) AC:           No:
ADDRESS		TELEPHONE (Weekends) AC:           No:

**CAP**      **FORM**      **60**      *Previous editions are obsolete.*  
**JUL 77**

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<b>EMERGENCY MEDICAL DATA</b>		
Personal Physician	PHONE	
PHYSICIAN'S ADDRESS	CITY	STATE AND ZIP CODE
BLOOD TYPE		
PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, Medications, etc.)		

**RETURN ORIGINAL  
AND  
BRING A COPY  
OF THIS CAPF 60.**