



# Emergency First Response® Instructor Application

**PLEASE PRINT CLEARLY**  Check here if this is a change of address and you want our records changed accordingly.

Name \_\_\_\_\_  PADI Member No. \_\_\_\_\_  
First Initial Last

Mailing Address \_\_\_\_\_  Non-PADI Member \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  M  F Preferred Language \_\_\_\_\_  
D/M/Y

## COURSE INFORMATION AND PREREQUISITES (To be completed and initialed by Emergency First Response Instructor Trainer)

- Instructor Course** \_\_\_\_\_ Current EFR Primary/Secondary Care; **or** \_\_\_\_\_ Medical Professional
- Instructor Crossover** \_\_\_\_\_ Current CPR/First Aid Instructor
- Retraining Course** \_\_\_\_\_ Emergency First Response Instructor

## CERTIFICATION INFORMATION (To be completed by the Emergency First Response Instructor Trainer.)

Course Location \_\_\_\_\_  
City State or Province Country

Date Course Completed \_\_\_\_\_ If applicable: Facility Name \_\_\_\_\_ No. \_\_\_\_\_  
D/M/Y

Instructor Trainer Name \_\_\_\_\_ Instructor No. \_\_\_\_\_  
(Please Print)

Instructor Trainer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
D/M/Y

**INSTRUCTOR AGREEMENT** I have obtained the required current EFR Instructor materials and have made myself familiar with the contents. I understand I cannot conduct any Emergency First Response (EFR) courses until I receive authorization from EFR. I further agree that when conducting EFR courses I will abide by all EFR Standards and procedures as published and updated by EFR. I will maintain familiarity with EFR educational materials, including revisions to existing materials and the introduction of new materials. I affirm that I have read and will abide with the EFR License Agreement found in the Appendix Section of the EFR Instructor Guide. I understand and agree that any criminal conviction on my part involving abuse of a minor or sexual abuse of an adult, occurring either during or prior to my certification as an EFR Instructor, will be automatic grounds for denial or revocation of my credential. I also understand EFR may refuse to accept my application or rescind any EFR Instructor credentials I may have if EFR determines my certification is not in the best interest of Emergency First Response.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
D/M/Y

## PAYMENT METHOD

See current price list for payment information.

- MasterCard  VISA  American Express
- Discover Card  JCB  Maestro (UK only)
- Check/Bank Draft No.\* \_\_\_\_\_

\*Check/Bank Draft must be payable in the currency of the PADI Regional Headquarters the application is submitted to.

Card Number \_\_\_\_\_

Card expiration date \_\_\_\_\_

Maestro (UK only)

Cardholder Name \_\_\_\_\_  
Please Print

Authorized Signature \_\_\_\_\_

## CHECKLIST

- Application completed in full
- Applicant and Trainer signatures
- Copy of certifications (for crossovers only)
- See price list for fee

**MAIL TO** – Your Emergency First Response Regional Headquarters  
**Visit [emergencyfirstresponse.com](http://emergencyfirstresponse.com) for Regional Headquarters locations.**

Rec'd \_\_\_\_\_ Entr'd \_\_\_\_\_ Shp'd \_\_\_\_\_



# INSTRUCTOR APPLICATION

OFFICE USE ONLY	
# -	_____
Cert. Date	_____
By	_____

**NOTE:** All applicants must be certified as a PADI Divemaster, PADI Assistant Instructor or leadership-level certification with another recreational diver training organization to enroll in a PADI IDC. All candidates must be an instructor in good standing with an approved recreational scuba organization. Send all required materials and deposit to the PADI Five Star Career Development Center, Instructor Development Center/Resort or Course Director.

### CHECK ONE

- Career Development Center Store Number **S-** \_\_\_\_\_
- Five Star Instructor Development Center Store Number **S-** \_\_\_\_\_
- Five Star Instructor Development Dive Resort Store Number **S-** \_\_\_\_\_
- Career-Oriented College Diving Program IDC  Alternate Location IDC

### PLEASE PRINT CLEARLY

Check here if this is a change of address and you want our records changed accordingly.

Name \_\_\_\_\_ PADI No. \_\_\_\_\_  
First Initial Last

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Preferred Language \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
D/M/Y

Sex:  M  F Occupation \_\_\_\_\_

### VERIFICATION OF DIVING EXPERIENCE

I have been a certified diver for at least 6 months and I have logged at least 60 dives, to be verified by the Course Director during registration.

### MEDICAL FORM

A current medical examination form (use the PADI Medical Statement form) must be submitted with this application. **The form must verify that you are physically fit for diving**, be signed and dated by a physician, and be submitted within 12 months of the examination.

### CERTIFICATION INFORMATION

Please complete back of form.

Please consider me as an IDC Candidate for the course to be held on: **Start date** \_\_\_\_\_ **End date** \_\_\_\_\_  
Day/Month/Year Day/Month/Year

at \_\_\_\_\_ Store No. \_\_\_\_\_  
(Location - City/State/Province/Country) (Dive Center/Alternate Location/College)

I understand and agree that any criminal conviction on my part involving abuse of a minor or sexual abuse of an adult occurring either during or prior to my membership with PADI, will be automatic grounds for denial or termination of my PADI Membership. I hereby certify that all the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Candidate Signature Date D/M/Y

### PAYMENT METHOD

See current price list for payment information.

- MasterCard  VISA  American Express
- Discover Card  JCB
- Check/Bank Draft No.\* \_\_\_\_\_

\*Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.

Card Number \_\_\_\_\_

Card expiration date \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
Please Print

Authorized Signature \_\_\_\_\_

- Yes! Sign me up for Automatic Renewal**  
USING THE PAYMENT INFORMATION ABOVE

### CARD OPTIONS

- PADI Standard Card (no additional fee)  
 Support conservation with your Project AWARE Foundation version of the PADI Card:
- Project AWARE Foundation Card \_\_\_\_\_  
 (Please indicate the amount of your donation. For a minimum required for processing, please contact your PADI Office.)

### MAIL TO - Your PADI Regional Headquarters

For mailing information, see current price list or visit padi.com.

PLEASE DO NOT WRITE IN THIS SPACE	
Date	_____
Amount	_____

**NOTE TO COURSE DIRECTOR:** Submit this Application and appropriate fee along with other required candidate registration forms to your PADI Regional Headquarters for processing. See current PADI Price List for application fee.

**CERTIFICATION INFORMATION – Please attach photocopies of all qualifying certifications from other diver training organizations. Direct questions to your PADI Training Department.**

**Initial Certification:** Level \_\_\_\_\_ Certifying Organization \_\_\_\_\_

Certification Date \_\_\_\_\_ Certification No. \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ S- \_\_\_\_\_

**Advanced Certification:** Level \_\_\_\_\_ Certifying Organization \_\_\_\_\_

Certification Date \_\_\_\_\_ Certification No. \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ S- \_\_\_\_\_

**Rescue Diver Certification:** Level \_\_\_\_\_ Certifying Organization \_\_\_\_\_

Certification Date \_\_\_\_\_ Certification No. \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ S- \_\_\_\_\_

**Emergency First Response (EFR) – Primary Care (CPR) and Secondary Care (First Aid):**

Completion Date \_\_\_\_\_ Student No. \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ S- \_\_\_\_\_

*(Note: All training must be current within 24 months. If submitting equivalent for EFR, please attach proof of CPR and first aid training.)*

**PADI Divemaster Certification:** Certification Date \_\_\_\_\_ PADI No. DM- \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ S- \_\_\_\_\_

**PADI Assistant Instructor Certification:** Certification Date \_\_\_\_\_ PADI No. AI- \_\_\_\_\_  
D/M/Y

Instructor Name \_\_\_\_\_ # \_\_\_\_\_

Dive Center/Resort Name \_\_\_\_\_ S- \_\_\_\_\_

**Leadership Certification:** Level \_\_\_\_\_ Certifying Organization \_\_\_\_\_

Certification Date \_\_\_\_\_ Certification No. \_\_\_\_\_  
D/M/Y

Instructor/Trainer \_\_\_\_\_ # \_\_\_\_\_

CPR Certification Date \_\_\_\_\_ First Aid Certification Date \_\_\_\_\_  
D/M/Y D/M/Y

**Note: All applicants must be certified as a diving instructor for at least six months to attend an OWSI program and be in good standing with their training organization to attend an IDC or OWSI program. Provisional instructors do not qualify.**

**CHECKLIST**

- Application completed in full
- A medical exam form completed and signed by a physician (must be within 12 months)\*\*
- Photocopies of all nonPADI certifications (both sides)\*
- Applicant signatures
- One photo attached
- Deposit payable to the Instructor Development Center or Course Director
- See price list for fee

\* Must be forwarded to PADI Regional Headquarters by Course Director upon IDC completion.

\*\* Must be submitted to the Examiner at the Instructor Examination.

Tape / Attach a  
 4.5 cm x 5.7 cm  
 1 3/4" x 2 1/4" (approx.)  
 Head and Shoulder Photo  
**PRINT NAME ON  
 BACK OF PHOTO**  
 Coin Machine Photos OK  
 No Dark Glasses

Rec'd \_\_\_\_\_ Ent \_\_\_\_\_ Shp'd \_\_\_\_\_



**PADI**

# INSTRUCTOR CANDIDATE INFORMATION AND TRAINING RECORD

IDC    AI Course    OWSI Program

**CHECK ONE:**    Five Star Instructor Development Center    Five Star Instructor Development Resort    Career Development Center  
 Five Star Dive Center    Five Star Dive Resort    Career-Oriented College Diving Program    Alternate Location

**PLEASE PRINT CLEARLY**

Candidate Name \_\_\_\_\_ PADI No. \_\_\_\_\_

PREREQUISITE VERIFICATION	By/Initial	ADMINISTRATION	By/Initial
1. PADI Divemaster, PADI Assistant Instructor or leadership level current with a recognized recreational diver training organization	_____	1. Completed and signed Instructor Application	_____
2. Age – minimum 18 years	_____	2. Completed and signed administrative paperwork	_____
3. Medical exam form signed by a physician within the last 12 months stating the individual is fit for scuba diving	_____	3. Photograph	_____
4. Six months as a certified diver and 60 logged open water dives (100 logged dives required prior to taking an IE)	_____	4. Deposit paid	_____
5. EFR Primary and Secondary Care course (or qualifying training) within the last 24 months	_____	5. Full tuition paid	_____
6. Documentation/proof of Open Water Diver, Advanced Open Water Diver and Rescue Diver certifications (or qualifying training).	_____		

**COMPLETION OF ALL TRAINING SEGMENTS MUST BE VERIFIED BY A TEACHING STATUS PADI COURSE DIRECTOR OR BY A TEACHING STATUS IDC STAFF INSTRUCTOR FOR AN AI COURSE**

## CANDIDATE TEACHING PRESENTATIONS

Topic	Score	Date	Evaluator	Verification
<b>Knowledge Development Presentations</b>				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
<b>Confined Water Presentations</b>				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
<b>Open Water Presentations</b>				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

To successfully complete the IDC and qualify for an IE, all candidates must score at least 3.4 on two Knowledge Development, 3.4 on two confined water and 3.4 for each skill on one integrated open water presentations conducted on the same dive.

**INDEPENDENT STUDY – IDC eLearning**

Verification \_\_\_\_\_

or **INDEPENDENT STUDY TOPICS PRESENTED IN CLASS**

		Date	Presented by	CD Verification
1. Getting Started	(IDC/AI/OWSI)	_____	_____	_____
2. Dive Theory for Dive Leaders	(IDC/OWSI)	_____	_____	_____
3. PADI System Overview	(IDC/AI/OWSI)	_____	_____	_____
4. Learning, Instruction and the PADI System	(IDC/AI/OWSI)	_____	_____	_____
5. Discover Scuba Diving and Experience Programs	(IDC/AI/OWSI)	_____	_____	_____
6. The PADI Open Water Diver Course	(IDC/OWSI)	_____	_____	_____
7. Risk Management and Legal Considerations	(IDC/AI/OWSI)	_____	_____	_____
8. Managing Risk	(IDC/AI/OWSI)	_____	_____	_____
9. PADI Quality Management and Licensing	(IDC/AI/OWSI)	_____	_____	_____
10. Introduction to Teaching Presentations	(IDC/AI)	_____	_____	_____
11. Conducting and Evaluating Knowledge Development	(IDC/AI)	_____	_____	_____
12. Confined Water Training	(IDC/AI)	_____	_____	_____
13. Open Water Training	(IDC/AI/OWSI)	_____	_____	_____
14. Continuing Education and Leadership Courses	(IDC/OWSI)	_____	_____	_____
15. The Business of Diving	(IDC/OWSI)	_____	_____	_____
16. How to Teach the RDP (optional for PADI Members)		_____	_____	_____

**STAFF PRESENTATIONS**

		Date	Presented by	CD Verification
1. Orientation	(IDC/AI/OWSI)	_____	_____	_____
2. Dive Theory Workshop	(IDC/OWSI)	_____	_____	_____
3. PADI System Workshop	(IDC/AI/OWSI)	_____	_____	_____
4. Learning and Teaching Workshop	(IDC/AI)	_____	_____	_____
5. Discover Scuba Diving Workshop	(IDC/AI/OWSI)	_____	_____	_____
6. Open Water Diver Course Scheduling and Set Up Workshop	(IDC/OWSI)	_____	_____	_____
7. Risk Management and Licensing Workshop	(IDC/AI)	_____	_____	_____
8. Knowledge Development Presentations Workshop	(IDC/AI/OWSI)	_____	_____	_____
9. Skill Development Workshop	(IDC/AI/OWSI)	_____	_____	_____
10. Confined Water Training Workshop	(IDC/AI/OWSI)	_____	_____	_____
11. Open Water Training Workshop	(IDC/AI/OWSI)	_____	_____	_____
12. Continuing Education Workshop	(IDC/OWSI)	_____	_____	_____
13. Advanced Open Water Diver Course Workshop	(IDC/OWSI)	_____	_____	_____
14. Rescue Diver Course Workshop	(IDC/OWSI)	_____	_____	_____
15. Sales Techniques Workshop	(IDC/OWSI)	_____	_____	_____
16. Course Close	(IDC/AI/OWSI)	_____	_____	_____

**Systems, Standards and Procedures Exam** \_\_\_\_\_ **400 metre/yard swim** \_\_\_\_\_ **10 Minute tread/float** \_\_\_\_\_ **24 Skill Circuit** \_\_\_\_\_

**Instructor Dive Theory Exams:** **Physics** \_\_\_\_\_ **Physiology** \_\_\_\_\_ **Equipment** \_\_\_\_\_ **Skills & Environment** \_\_\_\_\_ **RDP** \_\_\_\_\_

**COURSE DIRECTOR** (or IDC Staff Instructor for AI Course)

I certify the above named individual has completed all required segments as outlined in the *PADI Course Director Manual*.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **PADI No.** \_\_\_\_\_

**Store Name** \_\_\_\_\_ **Store No.** \_\_\_\_\_

**INSTRUCTOR CANDIDATE STATEMENT**

Having completed the IDC, I fully understand all areas of evaluation included in a PADI IE and the level of performance in these areas that is required for certification as a PADI Open Water Scuba Instructor.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# INSTRUCTOR CERTIFICATE OF COMPLETION

Place decal from PADI's Guide  
to Teaching or enter digital IDC  
Crew-Pak/IDC eLearning code

HERE

**PLEASE PRINT OR TYPE**

**SECTION 1** (To be completed by the Instructor Candidate.)

Name \_\_\_\_\_

Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Date \_\_\_\_\_  
(Day/Month/Year)

**SECTION 2** The person identified has completed all training segments of PADI Instructor Training.  
(This section must be completed by the Teaching status PADI Course Director who conducted the program.)

**Course completed:**

- Career Development Center (6-week program)
- Career Development Center (IDC and five pre- or post-IDC courses)
- Five Star Instructor Development Center IDC/OWSI
- Five Star Instructor Development Dive Resort IDC/OWSI
- Career-Oriented College Diving Program IDC
- Alternate Location IDC/OWSI

Course Director \_\_\_\_\_

Assisting Course Director(s) \_\_\_\_\_

Course Director Signature \_\_\_\_\_ PADI No. **CD** – \_\_\_\_\_

Five Star Instructor Development Center (if applicable) \_\_\_\_\_

PADI Store No. **S** – \_\_\_\_\_ Course Completion Date \_\_\_\_\_

**SECTION 3** Verification of Diving Experience  
(Sections 3, 4 and 5 to be completed by any Teaching status PADI Course Director.)

I have verified that the person identified has been a certified diver for at least 6 months and has logged at least 100 dives.

**OR**

For individuals enrolled in a Career Development Center (6-week program or IDC and five pre- or post-IDC Courses)

PADI Assistant Instructor certified because at least 100 dives have **NOT** been logged

**SECTION 4** Verification of CPR/First Aid Instructor Rating

The person identified is a current Emergency First Response Instructor.

**OR**

Attached is documentation that the person identified is a current CPR and first aid instructor with another organization.

**OR**

Attached is an Emergency First Response Instructor application for the person identified.

**OR**

This person does not meet this requirement.

**NOTE:** Instructor certification will not be processed until verification of CPR/First Aid Instructor rating is submitted to the appropriate PADI Office.

**SECTION 5** Verification of Required Materials

I have verified that the person identified has all instructor candidate required materials including Aquatic Cue Cards.

Verifying Course Director \_\_\_\_\_

Course Director Signature \_\_\_\_\_ PADI No. **CD** – \_\_\_\_\_

Verification Date \_\_\_\_\_

**This certificate expires one year from the course completion date.**

**IMPORTANT: A copy of this certificate must be submitted to the Instructor Examiner at the IE.**



# INSTRUCTOR EXAMINATION (IE) ENROLLMENT FORM

**DIRECTIONS** — Please complete this form and bring it along with a copy of your **Instructor Certificate of Completion**, a copy of your **current medical exam form signed by a physician** and full tuition to your PADI IE. All forms will be collected by your Examiner.

PADI reserves the right to cancel or reschedule IEs as staffing and logistics require. Instructor Examination enrollment is limited; contact your PADI Regional Headquarters for further information.

**NOTE: If you are attending a PADI Instructor program immediately preceding an IE, the Course Director conducting that course may preregister you for the IE.**

**PLEASE PRINT CLEARLY**  Check here if this is a change of address and you want our records changed accordingly.

Name \_\_\_\_\_ PADI No. \_\_\_\_\_  
First Initial Last

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## COURSE COMPLETED

- Career Development Center (6-week program)
- Career Development Center (IDC and five pre- or post-IDC courses)
- Five Star Instructor Development Center IDC/OWSI
- Five Star Instructor Development Dive Resort IDC/OWSI
- Career-Oriented College Diving Program IDC
- Alternate Location IDC/OWSI

Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_  
D/M/Y D/M/Y

Location (Store, Alt. Loc., College) \_\_\_\_\_ Store No. **S-** \_\_\_\_\_

Course Director Name \_\_\_\_\_ **CD-** \_\_\_\_\_

**Note: A copy of your Instructor Certificate of Completion and a copy of your medical exam form signed by a physician within the last 12 months stating that you are fit for scuba diving must be attached.**

## IE ENROLLMENT

IE Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_  
D/M/Y D/M/Y

IE Location (City and State/Country) \_\_\_\_\_

First IE  Second IE  Third IE  Subsequent IE Date of previous \_\_\_\_\_ Location \_\_\_\_\_  
D/M/Y

## PAYMENT METHOD

**See current price list for payment information.**

- MasterCard  VISA  American Express
- Discover Card  JCB
- Check/Bank Draft No.\* \_\_\_\_\_

**\*Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.**

Card Number \_\_\_\_\_

Card expiration date \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
Please Print

Authorized Signature \_\_\_\_\_

**COURSE FEE:** See current PADI Price List for processing fee.

## CHECKLIST

- Application completed in full
- IDC Completion Certificate attached
- Attach Medical Exam form
- See price list for fee

## MAIL TO – Your PADI Regional Headquarters

For mailing information, see current price list or visit [padi.com](http://padi.com).

Rec'd \_\_\_\_\_ Entr'd \_\_\_\_\_ Shp'd \_\_\_\_\_

PLEASE DO NOT WRITE IN THIS SPACE
Date _____
Amount _____



# SPECIALTY COURSE INSTRUCTOR APPLICATION

You may apply to teach multiple specialty diver courses using this application providing you only use **one application method per application** – see Section 2.

**PLEASE PRINT CLEARLY**  Check here if this is a change of address and you want our records changed accordingly.

Name \_\_\_\_\_ PADI No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Section 2

### PADI Standardized Specialties – Method 1 or 2 Application

When applying by Method One, Course Director must initial specialties completed.

Check the standardized specialty courses you wish to teach.

<input type="checkbox"/> Adaptive Techniques* _____	<input type="checkbox"/> Digital U/W Photographer _____	<input type="checkbox"/> Equipment Specialist* _____	<input type="checkbox"/> Search & Recovery Diver _____
<input type="checkbox"/> Altitude Diver _____	<input type="checkbox"/> Dive Against Debris® _____	<input type="checkbox"/> Fish ID _____	<input type="checkbox"/> Self-Reliant Diver* _____
<input type="checkbox"/> AWARE Shark Conservation _____	<input type="checkbox"/> Diver Propulsion Vehicle _____	<input type="checkbox"/> Full Face Mask Diver _____	<input type="checkbox"/> Sidemount Diver* _____
<input type="checkbox"/> Boat Diver _____	<input type="checkbox"/> Drift Diver _____	<input type="checkbox"/> Ice Diver* _____	<input type="checkbox"/> Underwater Videographer _____
<input type="checkbox"/> Cavern Diver* _____	<input type="checkbox"/> Dry Suit Diver _____	<input type="checkbox"/> U/W Naturalist _____	<input type="checkbox"/> Wreck Diver _____
<input type="checkbox"/> Deep Diver _____	<input type="checkbox"/> Emergency Oxygen Provider* _____	<input type="checkbox"/> U/W Navigator _____	
<input type="checkbox"/> Delayed Surface Marker Buoy Diver _____	<input type="checkbox"/> Enriched Air* _____	<input type="checkbox"/> Night Diver _____	

\*See Documentation Required on page 2.

OR

### Distinctive Specialties – Method 1 or 3 Application

When using this section, no previous box(es) can be checked. Only one distinctive specialty course per application. Instructor-authored guide must be included with Method 3 Application.

Title \_\_\_\_\_  
Maximum of 32 characters including spaces

## Section 3 – Method of Application

Please turn to page 2 of this application to complete the method of application section that applies to your selection.

## Section 4 – History of Experience

If applying to conduct a distinctive specialty course using method 3, complete page 3 of this application.

## Section 5

### PAYMENT METHOD

See current price list for payment information.

MasterCard  VISA  American Express  
 Discover Card  JCB  
 Check/Bank Draft No.\* \_\_\_\_\_

\*Check/Bank Draft must be payable in the currency of the PADI Office the application is submitted to.

Card Number \_\_\_\_\_

Card expiration date \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
Please Print

Authorized Signature \_\_\_\_\_

**Yes! Sign me up for Automatic Renewal**

USING THE PAYMENT INFORMATION ABOVE

### CARD OPTION

PADI Standard Card (no additional fee)

Donate to support ocean protection to receive the Project AWARE version of your PADI card:

Project AWARE Card \_\_\_\_\_  
(minimum donation £10/€10/\$10AU)  
Please indicate the amount of your donation.

Tape / Attach a  
4.5 cm x 5.7 cm  
1 3/4" x 2 1/4" (approx.)  
Head and Shoulder Photo  
**PRINT NAME ON  
BACK OF PHOTO**  
Coin Machine Photos OK  
No Dark Glasses

Please Do Not Write  
In This Box.  
Rec'd \_\_\_\_\_ Student Count \_\_\_\_\_  
Comments \_\_\_\_\_  
Ratio \_\_\_\_\_ Max Depth \_\_\_\_\_  
Min Age \_\_\_\_\_ Prereq Cert. \_\_\_\_\_  
Diving Cert.  Y  N  
# Dives \_\_\_\_\_  
Consultant signature \_\_\_\_\_  
Approved.  Y  N  
Date \_\_\_\_\_



# Method of Application Statement

## Method 1: Specialty Instructor Training Course Attendance

To be completed by the certifying Course Director only. Course Director initials required by all specialties completed on page one using Method 1.

Course Location \_\_\_\_\_ Course Date \_\_\_\_\_  
D/M/Y  
Store/Resort Name \_\_\_\_\_ S/R# \_\_\_\_\_  
Course Director Name \_\_\_\_\_ CD# \_\_\_\_\_  
Number of Specialty Instructor Training courses your candidate has completed \_\_\_\_\_ CD Signature \_\_\_\_\_

### Instructor/Applicant Acknowledgment

"I agree to use PADI's Standardized guide or the guide provided by my Course Director and understand that I may conduct the specialty course(s) listed only after receiving written approval from PADI along with my Specialty Instructor certification materials. Additionally, I have completed and logged at least 10 dives (20 for Semiclosed Rebreather applications) in each of the specialty area(s) that I am applying for, and if asked by PADI to show these logged dives, I can do so."

Instructor Signature \_\_\_\_\_ PADI # \_\_\_\_\_ Date \_\_\_\_\_  
D/M/Y

### \*Documentation Required

- A. **Cavern Diver course** – attach to this application documentation of certification as a full Cave Diver by a recognized Cave certification agency.
- B. **Enriched Air Diver course** – PADI Enriched Air Diver certification # \_\_\_\_\_; or attached documentation of a qualifying certification from another training organization for enriched air diver.
- C. **Self-Reliant Diver course** – PADI Self-Reliant Diver or PADI TecRec Diver certification # \_\_\_\_\_; or attached documentation of a qualifying certification from another training organization for self-reliant or technical diver.

## Method 2 or 3: Direct Application – Use of Preapproved PADI Standardized Specialty Instructor Guides or Use of Instructor-Authored Specialty Course Guide

### Instructor/Applicant Acknowledgment

"I have certified at least 25 divers and have completed and logged at least 20 dives in each of the specialty area(s) that I am applying for, and if asked by PADI to show these logged dives, I can do so. Additionally, I agree to use the PADI standardized Specialty Course Instructor Guide or the reviewed and approved Instructor-authored Specialty Course Instructor Guide and understand that I may conduct the course(s) only after receiving written approval from PADI along with my Specialty Instructor certification materials."

Please allow a reasonable period for reviewing an Instructor-Authored Specialty Course Instructor Guide.

Instructor Signature \_\_\_\_\_ PADI # \_\_\_\_\_ Date \_\_\_\_\_  
D/M/Y

### \*Prerequisites and Documentation Required

- A. **Adaptive Techniques Specialty course** – attach to the application documentation of formal training and/or history of experience.
- B. **Cavern Diver course** – attach to this application documentation of certification as a full Cave Diver by a recognized Cave certification agency.
- C. **Enriched Air Diver course** – PADI Enriched Air Diver certification # \_\_\_\_\_; or attached documentation of a qualifying certification from another training organization for enriched air diver.
- D. **Emergency Oxygen Provider course** – PADI Emergency Oxygen Provider certification # \_\_\_\_\_; or emergency oxygen provider certification from this organization: \_\_\_\_\_. If requested, I can provide proof of this certification to my PADI Office.
- E. **Equipment Specialty course** – attach to the application documentation of attendance at an equipment manufacturer's repair clinic or written equipment repair authorization from a manufacturer.
- F. **Ice Diver course** – PADI Ice Diver certification # \_\_\_\_\_; or attached documentation of a qualifying certification from another training organization for ice diver.
- G. **Public Safety Diver Course** – Proof of affiliation/employment with a public safety team. Contact your PADI Office for additional requirements.
- H. **Self-Reliant Diver course** – PADI Self-Reliant Diver or PADI TecRec Diver certification # \_\_\_\_\_; or attached documentation of a qualifying certification from another training organization for self-reliant or technical diver."
- I. **Sidemount Diver course** – PADI Sidemount Diver certification # \_\_\_\_\_; or attached documentation of a qualifying certification from another training organization for sidemount diver; or attached documentation of proof of at least 50 sidemount dives completed.

### CHECKLIST – Provided for your convenience to help ensure all materials and complete documentation are submitted.

- Application completed and signed in the appropriate places.
- Course Director's signature and initials (Method 1 application)
- Completed History of Experience section on page 3 (Method 3 application only).
- Course Guide attached (Method 3 application only.)
- 4.5x5.7 cm / 1 3/4" x 2 1/4" Photo(s) enclosed with this application (see Section 6 on page 4)
- Attach additional documentation if required.
- Appropriate fee enclosed (See current price list)

Rec'd \_\_\_\_\_ Entr'd \_\_\_\_\_ Shp'd \_\_\_\_\_