



PADI DIVEMASTER

Discover Scuba Diving Internship Completion Form

PADI Divemasters in Active Status (and with insurance, where required) may conduct PADI Discover Scuba Diving programs in a pool or confined open water environment after successfully completing a Discover Scuba Diving internship. The internship consists of conducting four separate PADI Discover Scuba Diving programs in a pool or confined open water environment under the direct supervision of a PADI Instructor. After completing the internship, submit this form, signed by the instructor, to your PADI Office for processing and authorization.

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 (____) _____

FAX (____) _____ Email _____

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

INTERNSHIP VERIFICATION – PADI DISCOVER SCUBA DIVING PROGRAMS

Date _____ Supervising Instructor _____ PADI Number _____

Date _____ Supervising Instructor _____ PADI Number _____

Date _____ Supervising Instructor _____ PADI Number _____

Date _____ Supervising Instructor _____ PADI Number _____

Completed Discover Scuba Diving Leader Internship Assessment

I verify that this PADI Divemaster has completed four required Discover Scuba Diving programs and scored at least 3 on each performance requirement under the direct supervision of a PADI Instructor

Verifying Instructor _____ PADI No. _____ Date _____
Verifying Instructor Signature D/M/Y

PAYMENT METHOD

See current price list for payment information.

- MasterCard VISA American Express
 Discover Card JCB Maestro/Solo (UK only)
 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 _____

Maestro/Solo valid from date _____ or Issue No. _____ (UK only)

Cardholder Name _____
Please Print

Authorized Signature _____

MAIL TO: Your PADI Office
Attn. Divemaster Certification
For mailing information, see current price list or visit padi.com.

CARD OPTIONS

- PADI Standard Card (additional fee)
 No card required
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)

CHECKLIST

- Application completed in full
 Applicant and instructor signatures
 One photo attached
(Include only if requesting a replacement certification card.)
 See price list for fee (Fee includes a quarterly subscription to The Undersea Journal valued at \$12 or equivalent in local currency.)

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 _____ Entr'd _____ Shp'd _____