



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 5 Star Career Development Center, Instructor Development Center/Resort or Course Director.

CHECK ONE

- Alternate Location IDC Career-Oriented College Diving Program IDC
 5 Star Instructor Development Dive Center
 5 Star Instructor Development Dive Resort
 Career Development Center

Store Number **S-** _____
Store Number **S-** _____
Store Number **S-** _____

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 (_____) _____

FAX (_____) _____ Email _____

Date of Birth _____ Age _____ Sex: M F Occupation _____
D/M/Y

PERSONAL DIVING HISTORY Attach a brief description of your diving background and experience to this application.

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 _____
(Inclusive Dates – 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 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 _____

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 Office

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 Office for processing. See current PADI Price List for processing fee.

CERTIFICATION INFORMATION – Please attach photocopies of all certifications. Equivalents may be used. Refer to “Divemaster Course Instructor Guide” for equivalency requirements. Equivalencies may not be used for PADI Divemaster or PADI Assistant Instructor. Direct questions to the 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. D- _____
D/M/Y

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

PADI Assistant Instructor Certification: Certification Date _____ PADI No. A- _____
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 course and be in good standing with their training organization to attend an IDC or OWSI course. Provisional instructors do not qualify.

CHECKLIST

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

(Fee includes a quarterly subscription to The Undersea Journal valued at \$12 or equivalent in local currency.)

* Must be forwarded to PADI 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 _____ Entr'd _____ Shp'd _____