



# 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 Number\* \_\_\_\_\_

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

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

Card expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Maestro/Solo valid from date \_\_\_\_\_ Or Issue No. \_\_\_\_\_ (**UK only**)

Cardholder Name \_\_\_\_\_

Please Print

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

### CARD OPTIONS

- PADI Standard Card (no additional fee)
- To help preserve the aquatic environment, please select and indicate the amount of donation:
- Project AWARE Foundation Card \_\_\_\_\_  
(Contact your PADI Office for minimum donation)
- Additional Project AWARE Foundation donation \_\_\_\_\_  
(A donation of any amount is appreciated)

### 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  
 4.5cm 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 \_\_\_\_\_