



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 or Course Director.

CHECK ONE Alternate Location IDC Career-Oriented College Diving Program IDC

Gold Palm IDC Store Number **S-** _____

5 Star IDC Store Number **S-** _____

Career Development Center IDC Store Number **S-** _____

PLEASE PRINT OR TYPE 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 _____ Age _____ Birth Date _____ Sex M F Occupation _____
(Day/Month/Year)

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 hereby certify that the above statements are true and correct to the best of my knowledge.

Candidate Signature Date (Day/Month/Year)

PAYMENT METHOD – See current price list for payment information.

Check Mastercard VISA

AMEX Discover JCB Switch Issue No. _____
(Not valid in WA)

Expiration Date _____

Card No. _____

Cardholder Name _____
Please Print

Authorized Signature _____

DO NOT WRITE IN THIS SPACE	
Date	_____
Amount	_____

NOTE TO COURSE DIRECTOR: A completed IDC Course Report form and IDC Application and appropriate processing fee must be submitted to PADI to begin IDC candidate processing. See current PADI Price List for processing fee.

Rec'd _____ Ent _____ Shp'd _____

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. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

Advanced Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

Rescue Diver Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

(Note: If submitting equivalent rescue certification, proof of CPR and first aid training is required.)

MEDIC FIRST AID: Completion Date _____ Student No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

(Note: All training must be current within 24 months. If submitting equivalent for MEDIC FIRST AID, please attach proof of CPR training.)

PADI Divemaster Certification: Certification Date _____ PADI No. D- _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

PADI Assistant Instructor Certification: Certification Date _____ PADI No. A- _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

Leadership Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Instructor/Trainer _____ # _____

CPR Certification Date _____ First Aid Certification Date _____

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.

CANDIDATE 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)*
- Photos (print name on back) – (only one necessary for PADI Americas)*
- Deposit payable to the Instructor Development Center or Course Director
- IDC registration fee payable to PADI*

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

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

Tape / Attach One
 4.5 cm x 5.7 cm
 1 3/4" x 2 1/4"
 Head and Shoulder Photo

**PRINT NAME ON
 BACK OF PHOTO**

Coin Machine Photos OK
 No Dark Glasses