



EMERGENCY FIRST RESPONSE INSTRUCTOR APPLICATION

APPLICANT INFORMATION – PLEASE PRINT OR TYPE

Name _____ PADI No _____
First Last

Mailing Address _____

City _____ State / Province _____

Country _____ Zip / Postal Code _____

Home Phone (____) _____ Business Phone (____) _____

Fax (____) _____ Email Address _____

COURSE INFORMATION

Check One: Instructor Crossover Instructor Course Retraining Course

PREREQUISITES (To be completed and initialed by Emergency First Response Instructor Trainer)

Instructor Crossover*	Instructor Course	Retraining Course
_____ PADI Divemaster (or higher)	_____ PADI Divemaster (or higher)	_____ Emergency First Response Instructor
_____ Current CPR/first aid Instructor (copy of certification attached)	_____ CPR/First aid certification	

**Medic First Aid Instructors with an expired certification may qualify to attend the Instructor Crossover. Contact you local Emergency First Response office for details.*

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

Course Location _____ KATA _____ PHUKET _____ THAILAND _____
(City) (State or Province) (Country)

Date Course Completed _____ (If applicable: Store/Resort Name _____ DIVE ASIA _____ S/R No. _2925_)
Day/Month/Year

Instructor Trainer Name _____ BJORN TACKMANN _____ EFR No. _____ 500998 _____
(please print)

Instructor Trainer Signature _____ Date Signed _____
Day/Month/Year

AED was not taught. (AED must be taught unless the trainer has a waiver on file w/ PADI.)

APPLICANT SIGNATURE

I understand I cannot conduct an Emergency First Response course until I receive authorization from Emergency First Response, Corp.

Applicant Signature _____ Date Signed _____
Day/Month/Year

PAYMENT METHOD (See current price list for processing fee)

Check

Switch / Solo issue no _____ (UK only)

Master Card Visa American Express Discover Card

Card Number _____

Cardholder Name _____
(please print)

Expiration date _____

Authorized Signature _____

CHECKLIST

Application filled out completely

Signatures – Trainer and Applicant

Fee enclosed

Photo – head & shoulders

Copy of CPR/First Aid Instructor Certification (for Crossovers only)

Attach a
13/4" X 2 1/4"
Head-and-Shoulders Photo
PRINT NAME ON
BACK OF PHOTO
Coin machine
photo OK — do not
send old cards.
NO DARK GLASSES

MAIL TO: Your local Emergency First Response Office