



IDC STAFF INSTRUCTOR CANDIDATE INFORMATION AND TRAINING RECORD

KEEP THIS FORM ON FILE FOR YOUR RECORDS. DO NOT SEND TO YOUR PADI OFFICE.

PLEASE PRINT CLEARLY

Name _____ PADI No. _____
Last First MI

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Phone (_____) _____ Home Phone (_____) _____ Email _____

PREREQUISITE VERIFICATION

	Initial	ADMINISTRATION	Initial
1. Be renewed and in Teaching status as a PADI Instructor for the current year.	_____	1. Completed and signed IDC Staff Application	_____
2. Hold a PADI Master Scuba Diver Trainer rating.	_____	2. Liability Release and Assumption of Risk Agreement signed	_____
3. Hold an EFR Instructor rating.	_____	3. Photograph attached	_____
4. Agree to conduct all levels of diver training consistent with the standards outlined in the PADI <i>Instructor Manual</i> .	_____	4. Deposit paid	_____
5. Agree to use the PADI System and its components in their entirety.	_____	5. Full tuition paid	_____

COMPLETION OF ALL TRAINING SEGMENTS MUST BE VERIFIED BY A TEACHING STATUS PADI COURSE DIRECTOR

	Date Completed	CD Verification* (Name, Member Number)
Preassessment	_____	_____
Knowledge Development Sessions	_____	_____
Evaluation Training	_____	_____
Audit entire IDC or Present AI Course	_____	_____

AI COURSE PRESENTATIONS

	OPTION B	
	Scores	CD Verification*
1. Course Orientation	_____	_____
2. Learning Instruction and the PADI System	_____	_____
3. General Standards and Procedures	_____	_____
4. Risk Management	_____	_____
5. Marketing Diving	_____	_____
6. Start Diving	_____	_____
7. Teaching PADI Specialty Diver Courses	_____	_____
8. Developing Knowledge Development Presentations	_____	_____
9. Teaching in Confined Water	_____	_____
10. Conducting Open Water Dives	_____	_____