

Candidate: _____

Indhold / Contains

- Checkliste til IE (DK og ENG) / Checkliste for IE (DK and ENG)

Papirer til IE / Papers for IE

- **10516** - INSTRUCTOR CERTIFICATE OF COMPLETION
- **10500** - INSTRUCTOR APPLICATION
- **10526** - INSTRUCTOR CANDIDATE INFORMATION AND TRAINING RECORD
- **10346** - Diver Medical
- **10245** - EFRI Instructor Application
- **10510** - INSTRUCTOR EXAMINATION (IE) ENROLLMENT FORM
- Dry Suit Confirmation

Til IDC / For the IDC

- **108DT** - Open Water Scuba Instructor Program Learning Agreement
- **10060** - Standard Safe Diving Practices Statement of Understanding
- **10072** - Non-Agency Disclosure and Acknowledgment Agreement / LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT
- **103DT** - IE Candidate Statement of Understanding
- **29DT** - Answer Sheet — IDC Dive Theory Exams
- SSP Answer Sheet
- **71851** - Emergency First Response® Instructor Course Final Exam Answer Sheet
- **70353** - Emergency First Response® Primary Care Participant Final Exam Answer Sheet

IE papers

Name _____

This folder contains:

- IDC Certificate of Completion, with decal - 10516
- Instructor application - 10500
- Instructor candidate information and training record - 10526
- Medical within 12 month of IE (showing candidate as “fit to dive”, with no restrictions).
- INSTRUCTOR EXAMINATION (IE) ENROLLMENT FORM

Additional (if applicable)

- Copies of qualifying (non-PADI) certifications
- Spec instructor application (if applicable)
- DM application

EFRI

- EFR Instructor Application - 10245

IE papirer

Navn _____

Denne mappe indeholder:

- IDC Certificate of Completion, with decal - 10516
- Instructor application - 10500
- Instructor candidate information and training record - 10526
- Medical within 12 month of IE (showing candidate as "fit to dive", with no restrictions).
- INSTRUCTOR EXAMINATION (IE) ENROLLMENT FORM

Additional (if applicable)

- Copies of qualifying (non-PADI) certifications
- Spec instructor application (if applicable)
- DM application

EFRI

- EFR Instructor Application - 10245

Din historie med dykning:



INSTRUCTOR CERTIFICATE OF COMPLETION

Place decal from PADI's Guide to Teaching or enter digital IDC Crew-Pak/IDC eLearning code

HERE

PLEASE PRINT OR TYPE

SECTION 1 (To be completed by the Instructor Candidate.)

Name _____

Signature _____

PADI No. _____ Date _____
(Day/Month/Year)

**SECTION 2 The person identified has completed all training segments of PADI Instructor Training.
(This section must be completed by the Teaching status PADI Course Director who conducted the program.)**

Course completed:

- Career Development Center (6-week program) Career Development Center (IDC and five pre- or post-IDC courses)
- Five Star Instructor Development Center IDC/OWSI Five Star Instructor Development Dive Resort IDC/OWSI
- Career-Oriented College Diving Program IDC Alternate Location IDC/OWSI

Course Director _____

Assisting Course Director(s) _____

Course Director Signature _____ PADI No. **CD** – _____

Five Star Instructor Development Center (if applicable) _____

PADI Store No. **S** – _____ Course Completion Date _____

**SECTION 3 Verification of Diving Experience
(Sections 3, 4 and 5 to be completed by any Teaching status PADI Course Director.)**

I have verified that the person identified has been a certified diver for at least 6 months and has logged at least 100 dives.

OR

For individuals enrolled in a Career Development Center (6-week program or IDC and five pre- or post-IDC Courses)

PADI Assistant Instructor certified because at least 100 dives have **NOT** been logged

SECTION 4 Verification of CPR/First Aid Instructor Rating

The person identified is a current Emergency First Response Instructor.

OR

Attached is documentation that the person identified is a current CPR and first aid instructor with another organization.

OR

Attached is an Emergency First Response Instructor application for the person identified.

OR

This person does not meet this requirement.

NOTE: Instructor certification will not be processed until verification of CPR/First Aid Instructor rating is submitted to the appropriate PADI Office.

SECTION 5 Verification of Required Materials

I have verified that the person identified has all instructor candidate required materials including Aquatic Cue Cards.

Verifying Course Director _____

Course Director Signature _____ PADI No. **CD** – _____

Verification Date _____

This certificate expires one year from the course completion date.

IMPORTANT: A copy of this certificate must be submitted to the Instructor Examiner at the IE.



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

CHECK ONE

- | | | |
|---|---|----------|
| <input type="checkbox"/> Career Development Center | Store Number | S- _____ |
| <input type="checkbox"/> Five Star Instructor Development Center | Store Number | S- _____ |
| <input type="checkbox"/> Five Star Instructor Development Dive Resort | Store Number | S- _____ |
| <input type="checkbox"/> Career-Oriented College Diving Program IDC | <input type="checkbox"/> Alternate Location IDC | |

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 (____) _____

Email _____ Date of Birth _____ Age _____
D/M/Y

Sex: M F Occupation _____

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: **Start date** _____ **End date** _____
Day/Month/Year 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
- 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 _____

Cardholder Name _____
Please Print

Authorized Signature _____

- Yes! Sign me up for Automatic Renewal**
USING THE PAYMENT INFORMATION ABOVE

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 Regional Headquarters
 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 Regional Headquarters for processing. See current PADI Price List for application fee.

CERTIFICATION INFORMATION – Please attach photocopies of all qualifying certifications from other diver training organizations. Direct questions to your 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. DM- _____
D/M/Y

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

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

CHECKLIST

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

* Must be forwarded to PADI Regional Headquarters 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
1³/₄" x 2¹/₄" (approx.)

Head and Shoulder Photo

**PRINT NAME ON
BACK OF PHOTO**

Coin Machine Photos OK
No Dark Glasses

Rec'd _____ Ent _____ Shp'd _____



PADI

INSTRUCTOR CANDIDATE INFORMATION AND TRAINING RECORD

IDC AI Course OWSI Program

CHECK ONE: Five Star Instructor Development Center Five Star Instructor Development Resort Career Development Center
 Five Star Dive Center Five Star Dive Resort Career-Oriented College Diving Program Alternate Location

PLEASE PRINT CLEARLY

Candidate Name _____ PADI No. _____

PREREQUISITE VERIFICATION	By/Initial	ADMINISTRATION	By/Initial
1. PADI Divemaster, PADI Assistant Instructor or leadership level current with a recognized recreational diver training organization	_____	1. Completed and signed Instructor Application	_____
2. Age – minimum 18 years	_____	2. Completed and signed administrative paperwork	_____
3. Medical exam form signed by a physician within the last 12 months stating the individual is fit for scuba diving	_____	3. Photograph	_____
4. Six months as a certified diver and 60 logged open water dives (100 logged dives required prior to taking an IE)	_____	4. Deposit paid	_____
5. EFR Primary and Secondary Care course (or qualifying training) within the last 24 months	_____	5. Full tuition paid	_____
6. Documentation/proof of Open Water Diver, Advanced Open Water Diver and Rescue Diver certifications (or qualifying training).	_____		

COMPLETION OF ALL TRAINING SEGMENTS MUST BE VERIFIED BY A TEACHING STATUS PADI COURSE DIRECTOR OR BY A TEACHING STATUS IDC STAFF INSTRUCTOR FOR AN AI COURSE

CANDIDATE TEACHING PRESENTATIONS

Topic	Score	Date	Evaluator	Verification
Knowledge Development Presentations				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Confined Water Presentations				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Open Water Presentations				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

To successfully complete the IDC and qualify for an IE, all candidates must score at least 3.4 on two Knowledge Development, 3.4 on two confined water and 3.4 for each skill on one integrated open water presentations conducted on the same dive.

INDEPENDENT STUDY – IDC eLearning

Verification _____

or **INDEPENDENT STUDY TOPICS PRESENTED IN CLASS**

		Date	Presented by	CD Verification
1. Getting Started	(IDC/AI/OWSI)	_____	_____	_____
2. Dive Theory for Dive Leaders	(IDC/OWSI)	_____	_____	_____
3. PADI System Overview	(IDC/AI/OWSI)	_____	_____	_____
4. Learning, Instruction and the PADI System	(IDC/AI/OWSI)	_____	_____	_____
5. Discover Scuba Diving and Experience Programs	(IDC/AI/OWSI)	_____	_____	_____
6. The PADI Open Water Diver Course	(IDC/OWSI)	_____	_____	_____
7. Risk Management and Legal Considerations	(IDC/AI/OWSI)	_____	_____	_____
8. Managing Risk	(IDC/AI/OWSI)	_____	_____	_____
9. PADI Quality Management and Licensing	(IDC/AI/OWSI)	_____	_____	_____
10. Introduction to Teaching Presentations	(IDC/AI)	_____	_____	_____
11. Conducting and Evaluating Knowledge Development	(IDC/AI)	_____	_____	_____
12. Confined Water Training	(IDC/AI)	_____	_____	_____
13. Open Water Training	(IDC/AI/OWSI)	_____	_____	_____
14. Continuing Education and Leadership Courses	(IDC/OWSI)	_____	_____	_____
15. The Business of Diving	(IDC/OWSI)	_____	_____	_____
16. How to Teach the RDP (optional for PADI Members)		_____	_____	_____

STAFF PRESENTATIONS

		Date	Presented by	CD Verification
1. Orientation	(IDC/AI/OWSI)	_____	_____	_____
2. Dive Theory Workshop	(IDC/OWSI)	_____	_____	_____
3. PADI System Workshop	(IDC/AI/OWSI)	_____	_____	_____
4. Learning and Teaching Workshop	(IDC/AI)	_____	_____	_____
5. Discover Scuba Diving Workshop	(IDC/AI/OWSI)	_____	_____	_____
6. Open Water Diver Course Scheduling and Set Up Workshop	(IDC/OWSI)	_____	_____	_____
7. Risk Management and Licensing Workshop	(IDC/AI)	_____	_____	_____
8. Knowledge Development Presentations Workshop	(IDC/AI/OWSI)	_____	_____	_____
9. Skill Development Workshop	(IDC/AI/OWSI)	_____	_____	_____
10. Confined Water Training Workshop	(IDC/AI/OWSI)	_____	_____	_____
11. Open Water Training Workshop	(IDC/AI/OWSI)	_____	_____	_____
12. Continuing Education Workshop	(IDC/OWSI)	_____	_____	_____
13. Advanced Open Water Diver Course Workshop	(IDC/OWSI)	_____	_____	_____
14. Rescue Diver Course Workshop	(IDC/OWSI)	_____	_____	_____
15. Sales Techniques Workshop	(IDC/OWSI)	_____	_____	_____
16. Course Close	(IDC/AI/OWSI)	_____	_____	_____

Systems, Standards and Procedures Exam _____ **400 metre/yard swim** _____ **10 Minute tread/float** _____ **24 Skill Circuit** _____

Instructor Dive Theory Exams: **Physics** _____ **Physiology** _____ **Equipment** _____ **Skills & Environment** _____ **RDP** _____

OR *Dive Theory eLearning eRecord* completed within 12 months received from candidate. Date completed _____ Verification _____

COURSE DIRECTOR (or IDC Staff Instructor for AI Course)

I certify the above named individual has completed all required segments as outlined in the *PADI Course Director Manual*.

Name _____ Date _____

Signature _____ PADI No. 297476

Store Name _____ Store No. _____

INSTRUCTOR CANDIDATE STATEMENT

Having completed the IDC, I fully understand all areas of evaluation included in a PADI IE and the level of performance in these areas that is required for certification as a PADI Open Water Scuba Instructor.

Candidate Signature _____ Date _____



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego



INSTRUCTOR EXAMINATION (IE) ENROLLMENT FORM

DIRECTIONS — Please complete this form and bring it along with a copy of your **Instructor Certificate of Completion**, a copy of your **current medical exam form signed by a physician** and full tuition to your PADI IE. All forms will be collected by your Examiner.

PADI reserves the right to cancel or reschedule IEs as staffing and logistics require. Instructor Examination enrollment is limited; contact your PADI Regional Headquarters for further information.

NOTE: If you are attending a PADI Instructor program immediately preceding an IE, the Course Director conducting that course may preregister you for the IE.

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 _____

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

Email _____

COURSE COMPLETED

- Career Development Center (6-week program)
- Career Development Center (IDC and five pre- or post-IDC courses)
- Five Star Instructor Development Center IDC/OWSI
- Five Star Instructor Development Dive Resort IDC/OWSI
- Career-Oriented College Diving Program IDC
- Alternate Location IDC/OWSI

Start Date _____ Completion Date _____
D/M/Y D/M/Y

Location (Store, Alt. Loc., College) _____ Store No. **S-** _____

Course Director Name Morten N Steen **CD-** 297476

Note: A copy of your Instructor Certificate of Completion and a copy of your medical exam form signed by a physician within the last 12 months stating that you are fit for scuba diving must be attached.

IE ENROLLMENT

IE Start Date _____ Completion Date _____
D/M/Y D/M/Y

IE Location (City and State/Country) _____

First IE Second IE Third IE Subsequent IE Date of previous _____ Location _____
D/M/Y

PAYMENT METHOD

See current price list for payment information.

- MasterCard VISA American Express
- Discover Card JCB
- 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 _____

Cardholder Name _____
Please Print

Authorized Signature _____

COURSE FEE: See current PADI Price List for processing fee.

CHECKLIST

- Application completed in full
- IDC Completion Certificate attached
- Attach Medical Exam form
- See price list for fee

MAIL TO – Your PADI Regional Headquarters

For mailing information, see current price list or visit padi.com.

Rec'd _____ Entr'd _____ Shp'd _____

PLEASE DO NOT WRITE IN THIS SPACE
Date _____
Amount _____



Emergency First Response® Instructor Application

PLEASE PRINT CLEARLY Check here if this is a change of address and you want our records changed accordingly.

Name _____ PADI Member No. _____
First Initial Last

Mailing Address _____ Non-PADI Member _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

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

FAX (____) _____ Email _____

Date of Birth _____ Sex: M F Preferred Language _____
D/M/Y

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

- Instructor Course** _____ Current EFR Primary/Secondary Care; **or** _____ Medical Professional
- Instructor Crossover** _____ Current CPR/First Aid Instructor
- Retraining Course** _____ Emergency First Response Instructor

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

Course Location _____
City State or Province Country

Date Course Completed _____ If applicable: Facility Name _____ No. _____
D/M/Y

Instructor Trainer Name _____ Instructor No. _____
(Please Print)

Instructor Trainer Signature _____ Date Signed _____
D/M/Y

INSTRUCTOR AGREEMENT I have obtained the required current EFR Instructor materials and have made myself familiar with the contents. I understand I cannot conduct any Emergency First Response (EFR) courses until I receive authorization from EFR. I further agree that when conducting EFR courses I will abide by all EFR Standards and procedures as published and updated by EFR. I will maintain familiarity with EFR educational materials, including revisions to existing materials and the introduction of new materials. I affirm that I have read and will abide with the EFR License Agreement found in the Appendix Section of the EFR Instructor Guide. 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 certification as an EFR Instructor, will be automatic grounds for denial or revocation of my credential. I also understand EFR may refuse to accept my application or rescind any EFR Instructor credentials I may have if EFR determines my certification is not in the best interest of Emergency First Response.

Applicant Signature _____ Date Signed _____
D/M/Y

PAYMENT METHOD

See current price list for payment information.

- MasterCard VISA American Express
- Discover Card JCB Maestro (**UK only**)
- Check/Bank Draft No.* _____

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

Card Number _____

Card expiration date _____

Maestro (**UK only**)

Cardholder Name _____
Please Print

Authorized Signature _____

CHECKLIST

- Application completed in full
- Applicant and Trainer signatures
- Copy of certifications (for crossovers only)
- See price list for fee

MAIL TO – Your Emergency First Response Regional Headquarters
Visit emergencyfirstresponse.com for Regional Headquarters locations.

Rec'd _____ Entr'd _____ Shp'd _____



Dry Suit Use During PADI Programs Acknowledgement Form

When using a dry suit during a PADI Program:

I, _____ hereby acknowledge and affirm that I am aware of the PADI Dry Suit standards including the requirements needed to be able to participate in a PADI Program.

I personally attest to meeting at least one of the following requirements:

- Dry Suit Certified - Date of Certification: _____
- Proof of at least 4 dry suit dives completed.

I understand that PADI can require proof of the above requirements at any time. Dishonesty or falsification of records can result in Quality Management action and loss of membership.

Name: _____ PADI No.: _____

Signature: _____ Date: _____



Open Water Scuba Instructor Program Learning Agreement

Welcome to your PADI Open Water Scuba Instructor (OWSI) Program. As a dive professional, you've gained valuable experience by training individuals to dive. This program is designed to enhance your skills and provide you with new tools to use as a scuba instructor. During this program, you'll receive a full orientation to the PADI System of diver education. Prior to the start of your OWSI program, you'll need to read and study the program material to ensure you are fully prepared. Signing this Learning Agreement indicates that you are aware of and accept this responsibility as well as the other Instructor Candidate responsibilities as outlined by this agreement.

As an Instructor Candidate in this PADI OWSI Program you agree to:

1. Complete all required registration forms and submit documentation prior to the first class session including:
 - a. Student Record Folder
 - b. OWSI Application
 - c. RSTC Medical Statement signed by a physician. Medical must be current within the past twelve months
 - d. Photocopies of your leadership level certification card
 - e. Proof of CPR and first aid training within the past 24 months
 - f. Log page showing proof of more than 100 logged dives
 - g. Two photos
2. Complete all knowledge reviews in your Instructor Candidate Workbook – Independent Learning section prior to the first class session.
3. Read the following outlines in the Study Tools section of the Instructor Candidate Workbook.
 - a. Guidelines for Preparing Knowledge Development Presentations
 - b. Guidelines for Preparing Confined Water Teaching Presentations
 - c. Guidelines for Preparing Open Water Teaching Presentations
4. Complete the Dive Theory Exam in the Study Tools section of the Instructor Candidate Workbook.
5. Follow all program procedures as set forth by the Course Director/IDC Staff.
6. Ask questions about anything not understood.
7. Show up for all sessions on time and be prepared for all teaching assignments.
8. Be open minded and display a professional attitude and demeanor during the program.
9. Be flexible to schedule changes.

If you arrive at class without completed assignments, or if you fail to arrive on time, it may be necessary to make up the work and continue the program at a later date. You will be responsible for any additional costs and/or inconvenience this causes. In scheduling and determining additional cost, your Course Director agrees to give every reasonable consideration to unforeseen events such as family emergencies that lead to this situation.

The Course Director and Staff agree to:

1. Start the class as scheduled.
2. Provide a positive learning environment in which to master the program objectives.
3. Answer your questions to the best of their ability.
4. Assist you through learning challenges.

All program objectives must be met before you are eligible to attend the PADI Instructor Examination (IE). In a situation where you are unable to meet all program requirements, additional training sessions may be needed. Logistics and costs for additional training sessions are determined on a case-by-case basis.

Instructor Candidate Signature _____ Date _____

Course Director Signature _____ Date _____



Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



PADI
padi.com

Non-Agency Disclosure and Acknowledgment Agreement

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

I, _____ Participant Name, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), _____, the facility through which I receive my instruction, _____ store/resort,

nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ Participant Name, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, _____, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

Participant's Signature Date (Day / Month / Year)

Signature of Parent or Guardian (where applicable) Date (Day / Month / Year)



PADI IE Candidate Statement of Understanding

This statement informs you of the requirements for certification at the PADI Instructor Examination (IE). It is your responsibility to read and initial the following information. After reading it and discussing any questions concerning its contents with the Instructor Examiner, sign and date this statement.

1. Dive Theory Examinations

Written examinations will be administered in Physics, Physiology, Recreational Dive Planners, Dive Skills and Environment, and Equipment. Each exam consists of 12 multiple-choice questions. You must pass each exam with a score of 75% or higher. You will have a maximum of one hour and 30 minutes to complete all 60 questions on the five examinations. If you fail one of the five exams, a makeup will be administered. Only one exam may be made up and you will have a maximum of 30 minutes to complete the 12 questions. Minimum passing score on any makeup exam is 75%. Failure on two or more exams will disqualify you from certification during this IE.

2. PADI Systems, Standards and Procedures Examination

This is an open-book exam. You may use the PADI *Instructor Manual* (paper or digital version) and PADI's *Guide to Teaching* as reference. The exam consists of 50 true/false and multiple-choice questions. You will have a maximum of one hour and 30 minutes to complete this exam. Passing score is 75% or higher and there is no makeup on this exam. A score below 75% will disqualify you from certification during this IE.

WRITTEN EXAMINATIONS Initial _____

3. Knowledge Development Presentations

The IE assignments you received include two knowledge development topics from the PADI System. If you are unsuccessful on the initial presentation, the second topic is your makeup presentation. The passing score on the initial presentation is 3.4 or higher. Any score below 3.4 is unsuccessful, and you will be given an opportunity for a makeup. Successful performance on the makeup requires a score of 3.4 or higher. A score below 3.4 on the makeup will disqualify you from certification during this IE.

KNOWLEDGE DEVELOPMENT Initial _____

4. Confined Water Teaching Presentations

The IE assignments you received include two confined water topics from the PADI System. During the confined water teaching presentations you will be required to demonstrate the skill you are teaching. Failure to perform a demonstration will result in a score of 1.0 for the entire presentation.

If you are unsuccessful on the initial presentation, the second topic is your makeup presentation. The passing score on the initial presentation is 3.4 or higher. Any score below 3.4 is unsuccessful and you will be given an opportunity for a makeup. Successful performance on the makeup requires a score of 3.4 or higher. A score below 3.4 on the makeup will disqualify you from certification during this IE.

5. Confined Water Skill Circuit

To demonstrate skill mastery, you will perform a skill circuit consisting of five skills from the PADI System. Your proficiency is measured using the demonstration criteria on the PADI Confined Water Evaluation Form.

- a. The minimum passing score is 17 total points for all five skills and each skill at 3.0 or higher.
- b. If one score is under 3.0, but 17 total points are scored initially, you will be given an opportunity for a makeup and repeat just that one skill.
- c. If the score is below 17 total points in the initial skill circuit, you will be given an opportunity to repeat all five skills.
- d. Scores of 1.0 or 2.0 on two or more skills initially or not passing the makeup will disqualify you from certification during this IE.

CONFINED WATER Initial _____

6. Open Water Teaching Presentations

The IE assignments you received include two topics from the PADI System. During this portion of the IE both skills will be conducted during a single open water dive and the two scores will be averaged. Therefore, there is no makeup. The passing score for the evaluation is an average of 3.4 or higher. An average score below 3.4 will disqualify you from certification during this IE.

7. Open Water Rescue Demonstration

You will be required to demonstrate competence in the rescue of a simulated, unconscious/non-breathing diver at the surface. The primary emphasis of this evaluation is on the proper initiation of ventilation with two full rescue breaths and the maintenance of a proper ventilation cycle of one breath every five seconds for the duration of the evaluation. The following skills will be evaluated:

- a. Approach
- b. Initial contact
- c. Initiation of ventilation
- d. Establishment of buoyancy
- e. Protection and maintenance of airway
- f. Maintenance of ventilation cycle
- g. Equipment removal
- h. Tow during resuscitation

The Instructor Examiner will conduct a specific logistical and performance briefing prior to the initial evaluation. The inability to properly demonstrate the above skills will result in failure. One makeup is allowed. Failure in the makeup will disqualify you from certification during this IE.

OPEN WATER Initial _____

8. General Skills

The Examiners will make an objective assessment of your general diving skills during the confined water and open water sessions. Complete familiarity and competence in all skills prescribed in the PADI System will be required. You are expected to exhibit role model skill levels based on the demonstration criteria on the PADI Confined Water Evaluation Form. Failure to exhibit this will disqualify you from certification during this IE and require successful completion of both confined water and open water sections at the next IE.

9. Professionalism

Attendance at the IE is at the discretion of the Instructor Examiner. If your behavior, attitude or actions are considered unprofessional, inappropriate, or distracting to other candidates, you may be required to leave. Dismissal from a PADI IE will result in forfeiture of the program fee and evaluation scores. Furthermore, dismissal for such reasons will require written permission from PADI to attend another complete IE.

10. Refund Policy

The IE fee is nonrefundable, in part or whole. Attendance at subsequent IEs requires payment for the respective sections (written examinations, knowledge development, confined water and/or open water) that you need to repeat.

GENERAL SKILLS, PROFESSIONALISM & REFUND POLICY Initial _____

11. Certification Guidelines

Demonstration of below-passing performance in any area of evaluation will result in non-certification as a PADI Open Water Scuba Instructor. All areas of evaluation must be successfully completed at the initial IE, or by completing the appropriate segments at subsequent IEs to be successful as an IE candidate. There is a mandatory 5-day waiting period to allow remediation before attending another IE. Failure of three or more sections of a first IE or an incomplete first IE will require attendance and payment for another complete IE. Failure at a second IE will require remediation prescribed by PADI and written verification of completion from a teaching status PADI Course Director before attending any subsequent IE.

12. Teaching Status

Successful candidates may begin to teach when verification is received from PADI after the IDC/OWSI/IE paperwork has been reviewed and processed and the insurance requirement has been met (when applicable).

CERTIFICATION GUIDELINES & TEACHING STATUS Initial _____

This document signed at this IE will apply to any subsequent IE during the next twelve months. I have read and understand the above statements and have had any questions regarding the requirements for certification answered to my satisfaction.

Print Your Name _____

Your Signature _____

Today's Date (Day/Month/Year) _____

Answer Sheet — IDC Dive Theory Exams

Directions: Make your answer choice by COMPLETELY filling in the space below the proper letter. If you make a mistake, erase your selection or place a dark X through your first answer.

PHYSICS					PHYSIOLOGY					EQUIPMENT				
	a	b	c	d		a	b	c	d		a	b	c	d
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I reviewed and understand the questions I have missed.

Signature _____ Date _____

Answer Sheet — IDC Dive Theory Exams

Directions: Make your answer choice by COMPLETELY filling in the space ■ below the proper letter. If you make a mistake, erase your selection or place a dark X through your first answer.

DIVING SKILLS AND ENVIRONMENT

	a	b	c	d
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECREATIONAL DIVE PLANNER

	a	b	c	d
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I reviewed and understand the questions I have missed.

Signature _____ Date _____

PADI Systems, Standards and Procedures Exam

	a	b	c	d		a	b	c	d		a	b	c	d
1.	T <input type="checkbox"/>	F <input type="checkbox"/>			11.	T <input type="checkbox"/>	F <input type="checkbox"/>			21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	T <input type="checkbox"/>	F <input type="checkbox"/>			12.	T <input type="checkbox"/>	F <input type="checkbox"/>			22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23.	T <input type="checkbox"/>	F <input type="checkbox"/>		
4.	T <input type="checkbox"/>	F <input type="checkbox"/>			14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24.	T <input type="checkbox"/>	F <input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	T <input type="checkbox"/>	F <input type="checkbox"/>			25.	T <input type="checkbox"/>	F <input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	T <input type="checkbox"/>	F <input type="checkbox"/>			26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	T <input type="checkbox"/>	F <input type="checkbox"/>			17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27.	T <input type="checkbox"/>	F <input type="checkbox"/>		
8.	T <input type="checkbox"/>	F <input type="checkbox"/>			18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29.	T <input type="checkbox"/>	F <input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-
31. Answer: Yes No
Reference: _____
-
32. Answer: Yes No
Reference: _____
-
33. Answer: Yes No
Reference: _____
-
34. Answer: Yes No
Reference: _____
-
35. Answer: Yes No
Reference: _____
-
36. Answer: Yes No
Reference: _____
-
37. Answer: Yes No
Reference: _____
-
38. Answer: Yes No
Reference: _____
-
39. Answer: Yes No
Reference: _____
-
40. Answer: Yes No
Reference: _____
-

I have reviewed and understand the questions I missed.

Signature _____ Date _____



Emergency First Response® Instructor Course Final Exam Answer Sheet

Instructor Candidate Name _____

(Please Print)

Class Number _____ Date _____

Directions: Upon making your answer choice, COMPLETELY fill in the space below the proper letter. If a mistake is made, erase your selection or place a dark **X** through your first answer.

Part One

- | | A | B | C | D |
|-----|-------------------------------|--------------------------|--------------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part Two

- | | A | B | C | D |
|-----|-------------------------------|--------------------------|--------------------------------|--------------------------|
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | <input type="checkbox"/> True | | <input type="checkbox"/> False | |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part Three

- | | A | B | C | D |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 46. | | | | |
| | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | | | | |
| | | | | |
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CANDIDATE STATEMENT: I have had explained to me and I understand the questions I missed.

Candidate Signature _____

Date _____



Emergency First Response® Primary Care Participant Final Exam Answer Sheet

Name _____ Date _____

Location _____ Instructor _____

1. True False

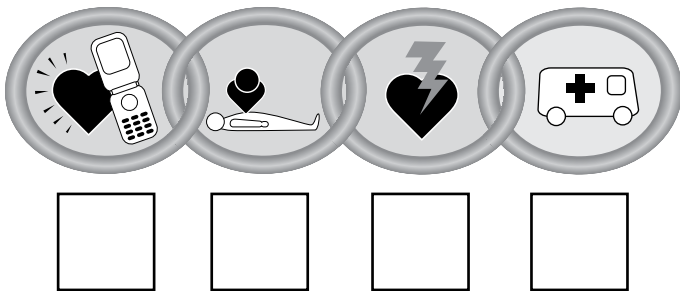
2. a. b. c.

3. _____

4. a. b. c. d. e. f.

5. _____

6.



7. a. b. c.

8. True False

9. a. b. c.

10. True False

11. a. b. c.

12. A = _____
B = _____
C = _____

D = _____
S = _____

13. a. b. c. d.

14. Phone No. _____

15. a. b. c. d. e. f.

16. _____

17. a. b. c.

18. a. b. c.

19. True False

20. _____ Dark red blood, steadily flowing from wound
_____ Blood slowly oozing from the wound
_____ Bright red blood that spurts from a wound

21. a. b. c. d.

e. f. g. h.

i. j. k.

22. a. b. c. d.

e. f. g. h.

23. _____

24. _____

25. a. b. c. d. e. f.

26. True False

27. a. b. c.

28. a. b. c.

29. a. b. c.

30. a. b. c.

31. a. b. c.

32. a. b. c.

33. True False

34. a. b. c.

35. a. b. c.



Emergency First Response® Secondary Care Participant Final Exam Answer Sheet

Name _____ Date _____

Location _____ Instructor _____

1. True False

2. a. b. c.

3. a. b. c. d.

e. f. g.

4. a. b. c.

5. a. b. c.

6. a. b. c.

7. a. b. c.

8. S = _____

A = _____

M = _____

P = _____

L = _____

E = _____

9. True False

10. a. b. c. d. e. f.

*Documentation Required

- A. **Cavern Diver course** – attach to this application documentation of certification as a full Cave Diver by a recognized Cave certification agency.
- B. **Enriched Air Diver course** – PADI Enriched Air Diver certification # _____; or attached documentation of a qualifying certification from another training organization for enriched air diver.
- C. **Ice Diver course** – PADI Ice Diver certification # _____; or attached documentation of a qualifying certification from another training organization for ice diver.
- D. **Self-Reliant Diver course** – PADI Self-Reliant Diver or PADI TecRec Diver certification # _____; or attached documentation of a qualifying certification from another training organization for self-reliant or technical diver.

Method 2 or 3: Direct Application

Use Preapproved PADI/AWARE Standardized Specialty Instructor Guide or Use Instructor-Authored Distinctive Specialty Course Guide Instructor/Applicant Acknowledgment

I have certified at least 25 divers and have completed and logged at least 20 dives in each of the specialty area(s) that I am applying for, and if asked by PADI to show these logged dives, I can do so. Additionally, I agree to use the PADI/AWARE standardized Specialty Course Instructor Guide or the reviewed and approved Instructor-authored Distinctive Specialty Course Instructor Guide and understand that I may conduct the course(s) only after receiving written approval from PADI along with my Specialty Instructor certification materials."

Please allow a reasonable period for reviewing an Instructor-Authored Distinctive Specialty Course Instructor Guide.

Instructor Signature _____ PADI # _____ Date _____
D/M/Y

*Prerequisites and Documentation Required

- A. **Adaptive Techniques Specialty course** – attach to the application documentation of formal training and/or history of experience.
- B. **Cavern Diver course** – attach to this application documentation of certification as a full Cave Diver by a recognized Cave certification agency.
- C. **Enriched Air Diver course** – PADI Enriched Air Diver certification # _____; or attached documentation of a qualifying certification from another training organization for enriched air diver.
- D. **Emergency Oxygen Provider course** – PADI Emergency Oxygen Provider certification # _____; or emergency oxygen provider certification from this organization: _____. If requested, I can provide proof of this certification to my PADI Office.
- E. **Equipment Specialty course** – attach to the application documentation of attendance at an equipment manufacturer’s repair clinic or written equipment repair authorization from a manufacturer.
- F. **Ice Diver course** – PADI Ice Diver certification # _____; or attached documentation of a qualifying certification from another training organization for ice diver.
- G. **Public Safety Diver Course** – Proof of affiliation/employment with a public safety team. Contact your PADI Office for additional requirements.
- H. **Self-Reliant Diver course** – PADI Self-Reliant Diver or PADI TecRec Diver certification # _____; or attached documentation of a qualifying certification from another training organization for self-reliant or technical diver."
- I. **Sidemount Diver course** – PADI Sidemount Diver certification # _____; or attached documentation of a qualifying certification from another training organization for sidemount diver; or attached documentation of proof of at least 50 sidemount dives completed.

PAYMENT METHODS

See current price list for application fee. No application fees for AWARE Specialties – donations encouraged.

- American Express MasterCard VISA

Card expiration date _____

Card Number _____

Cardholder Name _____
Please Print

Authorized Signature _____

Fees sent by check# _____ or bank transfer (Please include applicant’s full name, PADI Member number (if available) and note which credential(s) applicant is applying for as a reference when making payments).

Yes! Sign me up for Automatic Renewal
USING THE PAYMENT INFORMATION ABOVE

SUBMIT TO: Your PADI Regional Headquarters

For contact information, see current price list or visit padi.com.

CARD OPTIONS

PADI Standard Card – (no additional fee)

Support conservation – donate to the PADI AWARE Foundation™ and/or donate to receive the AWARE version of your certification card:

PADI AWARE Foundation donation _____

PADI AWARE Foundation Card _____

(Please indicate the amount of your donation.
 Minimum of 10 AUD, CDN, CHF, EURO, GBP, or USD for card.)

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

Please Do Not Write In This Box.

Rec'd _____ Student Count _____

Comments _____

Ratio _____ Max Depth _____

Min Age _____ Prereq Cert. _____

Diving Cert. Y N # Dives _____

Consultant signature _____

Approved Y N

Date _____

Section 4

History of Experience

When applying directly to PADI for a Distinctive Specialty Instructor rating, please complete this History of Experience.

PLEASE PRINT LEGIBLY

1. Approximately how many dives (if the course includes open water training) do you have in this specialty area? _____

2. Have you ever had material relative to the distinctive specialty area published? Yes No

If yes, describe the material or attach a copy to this application. _____

3. Outline any formal training you have had relative to the distinctive specialty area (college/university courses, seminars, internship, etc.).

4. Have you assisted other diving professionals in the distinctive specialty area? Yes No

If yes, please give approximate dates and your duties as an assistant _____

5. Besides those reasons given above, please outline why you feel you are qualified to teach the distinctive specialty for which you are applying.

6. Please attach any additional information or documentation you feel is relevant.

Seven easy steps to complete this form

Use the following instructions to help ensure this form is completed correctly.

Step 1

Complete Section 1 by filling in your name, PADI number and current personal information.

Step 2

Check the appropriate box(es) in Section 2 for the specialty diver course(s) you wish to conduct.

When applying to conduct Instructor-authored Distinctive Specialty courses, use one application per course. Then attach a copy of your Instructor-Authored Distinctive Specialty Instructor Guide to the application. Make sure the name of your Instructor-Authored Distinctive Specialty Diver course does not exceed a maximum of 32 characters (including spaces). Allow a reasonable period for this guide to be reviewed.

Step 3

Ensure that you have documented in your logbook the correct number of dives appropriate to the method of application and the type of specialty course(s) you are applying to conduct. If you are applying for more than one specialty instructor rating, the same dive may not be counted toward two or more ratings. Be sure to sign the appropriate Method of Application Statement.

Make sure any additional documentation is attached to this application, e.g., photocopies of certificates or both sides of any equivalent certification card(s).

Step 4

History of Experience section (page 3) must be completed and attached only when applying for a Distinctive Specialty Instructor rating using method 3.

Step 5

Complete Payment Methods section. For a list of current application fees, consult the PADI Price List from your PADI Regional Headquarters. Remember, the fees found in your PADI Price list are per Specialty Instructor rating; therefore, if you are applying for multiple Specialty Instructor ratings, multiply this fee accordingly.

Note that there is no application fee for AWARE Specialties, however a donation to the PADI AWARE Foundation of at least 30 is encouraged.

You may also purchase a PADI AWARE Foundation version of the certification card.

Step 6

Include photo.

Step 7

Review checklist and mail the application and any additional documentation to your PADI Regional Headquarters.

CHECKLIST

- Application completed and signed in the appropriate places.
- Course Director's signature and initials (Method 1 application)
- Completed History of Experience section on page 3 (Method 3 application only).
- Course Guide attached (Method 3 application only.)
- 4.5 x 5.7 cm / 1 3/4" x 2 1/4" Photo(s) enclosed with this application (see page 4)
- Attach additional documentation if required.
- Appropriate fee enclosed (See current price list)