



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 Office 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 (____) _____

FAX (____) _____ Email _____

COURSE COMPLETED

5 Star Instructor Development Dive Center 5 Star Instructor Development Dive Resort Alternate Location IDC

Career-Oriented College Diving Program IDC Career Development Center (6-week program)

Career Development Center (IDC and five pre- or post-IDC courses)

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

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

Course Director Name _____ **CD-** _____

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 Maestro/Solo (UK only)
 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 _____

Maestro/Solo valid from date _____ or Issue No. _____ (UK only)

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 Office

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 _____