



# 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 \_\_\_\_\_ **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
- 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](http://padi.com).

Rec'd \_\_\_\_\_ Entr'd \_\_\_\_\_ Shp'd \_\_\_\_\_

PLEASE DO NOT WRITE IN THIS SPACE
Date _____
Amount _____