



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 _____