

OFFICE USE ONLY	
# -	_____
Cert. Date	_____
By	_____

NOTE: All applicants must be certified as a PADI Divemaster or PADI Assistant Instructor to enroll in a PADI IDC. All IOC candidates must be an instructor in good standing with an approved recreational scuba organization. Send all required materials and deposit to the PADI 5 Star Career Development Center, Instructor Development Center or Course Director.

- CHECK ONE**
- Alternate Location IDC Alternate Location IOC Career-Oriented College Diving Program IDC
 - 5 Star IDC (Conducted at PADI 5 Star Instructor Development Center) Store Number **S-** _____
 - 5 Star IOC (Conducted at PADI 5 Star Instructor Development Center) Store Number **S-** _____
 - Career Development Center IDC Store Number **S-** _____
 - Career Development Center IOC Store Number **S-** _____

PLEASE PRINT OR TYPE 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 (____) _____ Age ____ Birth Date _____ Sex M F Occupation _____
(Day/Month/Year)

PERSONAL DIVING HISTORY Attach a brief description of your diving background and experience to this application.

VERIFICATION OF DIVING EXPERIENCE

I have been a certified diver for at least 6 months and I have logged at least 60 dives. Certification date _____
Provide photocopies of log-book pages. (Day/Month/Year)

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/IOC Candidate for the course to be held on _____
(Inclusive Dates – Day/Month/Year)

at _____ Store No. _____
(Location – City/State/Province/Country) (Dive Center/Alternate Location/College)

I hereby certify that the above statements are true and correct to the best of my knowledge.

Candidate Signature Date (Day/Month/Year)

PAYMENT METHOD

Check – **Must be payable to PADI in U.S. dollars**, and drawn on a U.S. bank

- Mastercard VISA American Express Discover

Expiration Date _____

Card No. _____

Cardholder Name _____
Please Print

Authorized Signature _____

DO NOT WRITE IN THIS SPACE	
Date	_____
Amount	_____

NOTE TO COURSE DIRECTOR: A completed IDC/IOC Application, IDC/IOC Course Report form and appropriate processing fee must be submitted to PADI to begin IDC/IOC candidate processing. See current PADI Price List for processing fee.

Rec'd _____ Ent _____ Shp'd _____

CERTIFICATION INFORMATION

Please attach photocopies of all certifications. Equivalentents may be used. Refer to "Dive Master Course Instructor Guide" for equivalency requirements. Equivalentencies may not be used for PADI Dive Master or PADI Assistant Instructor. Direct questions to the PADI Training, Education and Memberships Department.

Initial Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

Advanced Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

Rescue Diver Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

MEDIC FIRST AID: Certification Date _____ Certification No. _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

(Note: If submitting equivalent certification for MEDIC FIRST AID, please attach proof of CPR/first aid training.)

PADI Dive Master Certification: Certification Date _____ PADI No. D- _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

PADI Assistant Instructor Certification: Certification Date _____ PADI No. A- _____
Day/Month/Year

Instructor Name _____ # _____

Dive Center/Resort Name _____ S- _____

Instructor Certification: Level _____ Certifying Organization _____

Certification Date _____ Certification No. _____
Day/Month/Year

Course Director _____ # _____

CPR Certification Date _____ First Aid Certification Date _____

Note: All applicants must be certified as a diving instructor for at least six months to attend an IOC and be in good standing with their training organization to attend an IDC or IOC. Provisional instructors do not qualify to attend PADI IOCs.

CANDIDATE CHECKLIST

- Application completed in full
- Prerequisite completed
- Personal diving history attached
- Photocopies of log book verification of diving experience
- A medical exam form completed and signed by a physician (must be within 12 months)
- Certification information completed
- Photocopies of all non-PADI certifications (both sides)
- Candidate signature
- Photos (print name on back) (only one necessary for PADI Americas)
- Deposit payable to the Instructor Development Center or Course Director

Tape / Attach One

4.5 cm x 5.7 cm

1 3/4" x 2 1/4"

Head and Shoulder Photo

**PRINT NAME ON
BACK OF PHOTO**

Coin Machine Photos OK
No Dark Glasses