



Emergency First Response® Primary/Secondary Care & Care for Children 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 _____ NonPADI 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 and Care for Children; **or** _____ Medical Professional

Instructor Crossover _____ Current CPR/First Aid Instructor
and Check One: Pediatric CPR/First Aid Instructor; **or** Current EFR Care for Children; **or** Completed EFR Instructor Course Presentations 5 and 6

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: Store/Resort Name _____ S/R No. _____
D/M/Y

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

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

INSTRUCTOR AGREEMENT I understand I cannot conduct any Emergency First Response (EFR) programs until I receive authorization from EFR. I further agree that when conducting EFR programs 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 termination of my credential.

Applicant Signature _____ Date Signed _____
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 Number* _____

*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 _____

CHECKLIST

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

MAIL TO – Your local Emergency First Response Office

Visit emergencyfirstresponse.com for office locations.

Rec'd _____ Ent _____ Shp'd _____