

EMERGENCY FIRST RESPONSE

(Primary/Secondary Care & Care for Children) INSTRUCTOR APPLICATION

PADI Member:

Yes, Member No. _

APPLICANT INFORMATION - PLEASE PRINT CLEARLY

Name	Last			
	Ldəl			
	State/Province			
Country	Zip/Postal Code			
Home Phone ()	Business Phone ()			
Fax ()	Email Address			
		Birthdate	ear	
COURSE INFORMATION A	ND PREREQUISITES (To be completed)			
☐ Instructor Course	Current EFR Primary/Secondary Care Current EFR Care for Children			
☐ Instructor Crossover	Current CPR/First Aid Instructor			
and Check One: Pedia	atric CPR/First Aid Instructor; or Curre	ent EFR Care for Children;	or ☐ Completed EFR Instructor Course Presentations 5 and 6	
☐ Retraining Course	Emergency First Response Instruct	tor		
CERTIFICATION INFORMA	TION (To be completed by the Emergence	cy First Response Instructor	Trainer.)	
Course Location				
Data Course Completed	(City)	(State or Province)	(Country) S/R No	
Date Course Completed				
Instructor Trainer Name	(Please Prii		EFR No	
Instructor Trainer Signature		Date Signed Day/Month/Year		
			Day/Month/Year	
INSTRUCTOR AGREEM	IENT			
receive authorization from En the Emergency First Respons familiarity with EFR education that I have read and will abide	et an Emergency First Response Primary/s nergency First Response. I further agree se Instructor Guide, The Responder and c nal materials, including revisions to existin e with the EFR License Agreement found	e to abide by all EFR Standa other updates when conducting materials and the introduction in the Appendix Section of t	rds and Procedures as published in ing EFR programs. I will maintain tion of new materials. I further affirm	
, applicant orginataro			Day/Month/Year	
PAYMENT METHOD (See current price list for processing fee)		CHECKLIST		
☐ Check ☐ Switch / Solo issue no (UK only)		☐ Application filled out completely		
☐ Master Card ☐ Visa ☐ American Express ☐ Discover Card		☐ Signatures – Trainer and Applicant		
Card Number		☐ Fee enclosed		
Cardholder Name(please print)		☐ Copy of certifications (for Crossovers only)		
(please print) Expiration date				
Authorized Signature				

MAIL TO: Your local Emergency First Response Office



EMERGENCY FIRST RESPONSE (Care for Children) INSTRUCTOR APPLICATION

Use this application for EFR Instructors who were certified prior to January 2005 who have not yet earned the Care for Children Instructor rating.

APPLICANT INFORMATION - PLEASE PRINT OR TYPE EFR Instructor No. Mailing Address ___ _____State/Province _____ City ___ Country _____ Zip/Postal Code _____ Home Phone () Business Phone () Fax (____) Email Address CERTIFICATION INFORMATION Method 1: Emergency First Response Care for Children Instructor Course Course Location _ (State or Province) Instructor Trainer Name ___ EFR No. Instructor Trainer Signature____ Date Signed ___ Day/Month/Year OR - Method 2: Emergency First Response Care for Children Course (provider-level) ☐ EFR Care for Children certification number # ______ or attach copy of temporary card. ☐ Complete the Instructor Knowledge Review and attach to this application. **OR** - Method 3: Other Qualifying Credentials ☐ Attach certification documentation confirming you are a current instructor with another organization and are authorized to teach a pediatric emergency care course. -OFFICE USE ONLY-☐ CFCA ☐ CFCI ☐ Complete the Instructor Knowledge Review and attach to this application. APPLICANT SIGNATURE I have obtained the required Care for Children Instructor materials and have made myself familiar with the contents. I understand I cannot conduct an Emergency First Response Care for Children Course until I receive authorization from Emergency First Response. Signature Date Signed Day/Month/Year **PAYMENT METHOD** (See current price list for processing fee) **CHECKLIST** ☐ Application filled out completely ☐ Check ☐ Switch / Solo issue no ______(UK only) ☐ Signatures ☐ Master Card ☐ Visa ☐ American Express ☐ Discover Card ☐ Photo – head & shoulders ☐ Fee enclosed Card Number ☐ Knowledge review Cardholder Name_____ (if Method 2 or 3) ☐ Certification Documentation Expiration Date _____ (if Method 3) Authorized Signature _____

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MAIL TO: Your local Emergency First Response Office