



EMERGENCY FIRST RESPONSE (Primary/Secondary Care & Care for Children) INSTRUCTOR APPLICATION

APPLICANT INFORMATION – PLEASE PRINT CLEARLY

PADI Member: Yes, Member No. _____

Name _____ Non-PADI Member
First Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Business Phone (_____) _____

Fax (_____) _____ Email Address _____

Birthdate _____
Day/Month/Year

COURSE INFORMATION AND PREREQUISITES (To be completed and initialed by Emergency First Response Instructor Trainer)

Instructor Course _____ Current EFR Primary/Secondary Care _____ Current EFR Care for Children

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. _____
Day/Month/Year

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

Instructor Trainer Signature _____ Date Signed _____
Day/Month/Year

INSTRUCTOR AGREEMENT

I understand I cannot conduct an Emergency First Response Primary/Secondary Care Course and Care for Children Course until I receive authorization from Emergency First Response. I further agree to abide by all EFR Standards and Procedures as published in the *Emergency First Response Instructor Guide, The Responder* and other updates when conducting EFR programs. I will maintain familiarity with EFR educational materials, including revisions to existing materials and the introduction of new materials. I further affirm that I have read and will abide with the EFR License Agreement found in the Appendix Section of the *EFR Instructor Guide*.

Applicant Signature _____ Date Signed _____
Day/Month/Year

PAYMENT METHOD (See current price list for processing fee)

Check Switch / Solo issue no _____ (UK only)

Master Card Visa American Express Discover Card

Card Number _____

Cardholder Name _____
(please print)

Expiration date _____

Authorized Signature _____

CHECKLIST

Application filled out completely

Signatures – Trainer and Applicant

Fee enclosed

Copy of certifications (*for Crossovers only*)

MAIL TO: Your local Emergency First Response Office

