



# 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 \_\_\_\_\_  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: 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 No.\* \_\_\_\_\_

**\*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](http://emergencyfirstresponse.com) for office locations.**

Rec'd \_\_\_\_\_ Entr'd \_\_\_\_\_ Shp'd \_\_\_\_\_