



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 an Emergency First Response Primary/Secondary Care Course and Care for Children Course until I receive authorization from Emergency First Response. I also understand EFR can refuse to accept my application or rescind any EFR instructor credentials I may have if EFR determines my certification is not in the best interest of 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 _____
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 _____ Security code _____
 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 _____