



Emergency First Response® Instructor Trainer Course Registration Form

Emergency First Response Instructor Trainer Course Prerequisites:

- Teaching Status Emergency First Response Primary Care/Secondary Care and Care for Children Instructor
- Have issued 25 Completion Cards or taught at least 5 Emergency First Response courses
- Have no verified quality assurance issues in the past 12 months

This course has two segments, a self-study knowledge development segment online, and a practical workshop. To begin, **go to the PADI Pros' Site/Pro Development/EFR and select a date and location for the practical workshop.** Once registered for this location, you will receive a link to the online segment you'll complete before the practical workshop.

Location _____ DEMA _____ **Date:** _____ 15/11/2018 _____
Day/Month/Year

Fee \$639

Includes Emergency First Response materials: Instructor Trainer Manual (hard copy and digital versions), Instructor Course Lesson Guides and Exams; access to the online and practical portions of the course, and the EFR Instructor Trainer application fee.

Bring to practical workshop *Emergency First Response Trainer Manual*, a current/updated *Emergency First Response Instructor Manual*, and your completed knowledge review and marketing plan assignment.

How To Register: If registering by fax or mail, please submit this entire form, do not cut bottom portion off

- **Phone** at 800 337 1864 (US and Canada) or +1 949 858 7234, extension 2495
- **Fax** to +1 949 267 1261
- **Mail** to Emergency First Response 30151 Tomas, Rancho Santa Margarita, CA 92688-2125
- **Email** to membersvcs@padi.com

REGISTRATION FORM

Please print clearly

Name _____ PADI # _____

Daytime Phone (_____) _____ Business Phone (_____) _____

Email _____

PAYMENT METHOD Program Fee \$639 US

Check must be payable to EFR in US dollars and drawn on a US bank.

MasterCard VISA American Express Discover Card

Card Number _____

Card expiration date _____

Cardholder Name _____
Please Print

Cardholder Address (If different from registrant)

SHIP MATERIALS TO:

Name _____

Address line 1 _____

Address line 2 _____

City _____

Zip/Postal Code _____

Country _____

Authorized Signature _____