



2020 LEMBONGAN IDC REGISTRATION

INSTRUCTOR CANDIDATE INFORMATION

Please fill out this form and email to goPro@SMEDdivers.com to complete the IDC registration

Instructor Development Course
JUNE 25 2020 to JULY 13 2020

IDC Staff Instructor Course
JUNE 23 2020 to JULY 6 2020

Candidate Name: _____ PADI Number: _____

Mailing Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Preferred Language: _____ Home Phone: _____ Business Phone: _____

Email: _____ Date of Birth: _____ Age: ____ Sex: M F Occupation: _____

Shirt size: S M L XL XXL

Name on Shirt: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Address: _____

Certification

Initial Certification

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____

Advanced Certification

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____

Rescue Diver Certification

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____

First Aid CPR Certification

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____

Dive Master Certification

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____

Assistant Instructor Certification

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____

First Aid CPR Instructor Certification (if applicable)

Level _____ Agency _____ Cert Date _____ Cert # _____

Instructor _____ Instructor # _____ Dive Center _____ DC# _____