



International Training

Instructor Trainer/IT Staff Instructor Application

Application must be submitted to ITI HQ with all supporting documentation for approval prior to training.

Planned Program Dates: _____ Location: _____

Candidate Information (Please print clearly.)

Applicant Name (first, middle, last): _____

Mailing Address (Line 1): _____

Mailing Address (Line 2): _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

E-Mail: _____ Date of Birth: _____

Phone: _____ Fax: _____

Sex: Male Female Occupation: _____

Member Number: _____ Number of Logged Dives: _____

Applying As (Please Check One):

IT Staff Instructor Candidate Instructor Trainer Candidate

IT Staff Instructor Crossover Instructor Trainer Crossover

Payment Information:

Cost of Program: \$ _____ Amount of Payment: \$ _____ Course Deposit* Full Payment

* A non-refundable deposit of \$500 US is due with applications for HQ programs. Full balance required no later than 30 days prior to the program. Training materials included in the ITW course fee are: Instructor Trainer Manual, Instructor Trainer Digital Resources, IT Evaluation Slates

Payment Method: AMEX MasterCard Visa Check Money Order

Card Number: _____ Exp. Date: _____ Security Code: _____

I hereby authorize payment of the above amount for the program detailed on this application form. I further authorize collection of any balance due 30 days prior to the program using the same credit card unless otherwise notified in writing prior to the relevant date.

Signature: _____ Date: _____

Candidate Declaration:

As indicated by my signature below, I am mentally and physically prepared to enroll in the program detailed above. I fully understand and meet the course prerequisites for the rating I am applying for and I understand that acceptance into the program must be granted by ITI HQ and is not guaranteed. In addition, the information I have provided on this application, including supporting documentation, is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Headquarters Approval (ITI Training Department):

The candidate on this application is approved/not approved* for enrollment on the Instructor Trainer Workshop.

Signature: _____ Name: _____ Date: _____

The following supporting documentation must be submitted to HQ with the IT/IT Staff Instructor Application:

IT/IT Staff Instructor Application Checklist:	Details	Included with application
OWSDI certification	Copy of c-card or official agency documentation	
Details of IDC(s) staffed (Graduation Requirement), may be completed post course, prior to ratings being issued	Include dates, location, name and contact of conducting staff	
Verification of no QA issues with any agency within past 12 months	Required on official agency documentation	
Verification of all other agency Instructor ratings	Copy of c-card or official agency documentation	
Verification of number of students certified	If certifications from other agencies are being counted towards candidate prerequisites, they must be provided on official agency documentation	
Verification of current CPR/first aid/O2 provider certification	Copy of c-card or official agency documentation	
Current medical examination for scuba diving signed by a licensed physician *	Correct physician sign-off form is available in current SDI/TDI/ERDI Standards & Procedures	

** One exception to the supporting documentation is the physician sign-off. If an applicant has not completed a medical at the point of application, then they may submit at any point up to course commencement but only if approved in writing by HQ Training Dept on the clear understanding that no training will be conducted if not produced.*

Candidate Declaration:

As indicated by my signature below, I am aware that any omissions in the required supporting documentation submitted will prevent approval of my application. I am aware of the minimum materials requirements for the program and am in possession of current copies of all which are not included in the program cost.

Signature: _____ Date: _____