



# International Training

## ERDI OPS COMPONENT UPGRADE FORM

### Method of Payment

AMEX  MasterCard  Visa  Check  Money Order Make Checks payable to International Training (where applicable)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Confined Spaces Ops <input type="checkbox"/> Contaminated Water Ops <input type="checkbox"/> Dry Suit Ops <input type="checkbox"/> Full Face Mask Ops <input type="checkbox"/> Ice Diver Ops	<input type="checkbox"/> Ice /Surface Rescue Ops <input type="checkbox"/> Small Boat Ops <input type="checkbox"/> Swift Water 1 <input type="checkbox"/> Tender Ops <input type="checkbox"/> Underwater Crime Scene Ops	<input type="checkbox"/> Night Ops <input type="checkbox"/> Other: (Specify) _____ _____ _____
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Instructor Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Specialty Procedure #1 Participation in an Instructor Specialty Class:

An ERDI Instructor has completed an ERD Ops Components Instructor Course.

#### Instructor Requirements:

- A. I agree to adhere to the ERDI Ops Component Course standard and outline provided by ERDI Headquarters.
- B. Documentation of 10 dives in that particular specialty course.

Course Location: \_\_\_\_\_ Facility #: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

Instructor Trainer Signature: \_\_\_\_\_ ERDI #: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ ERDI #: \_\_\_\_\_ Date: \_\_\_\_\_

### Specialty Procedure #2 Administrative Specialty Instructor Upgrade. Must complete the dive history section below.

An instructor who wishes to cross over a specialty instructor rating from another certification agency to ERDI.

**OR**

An instructor whose experience in a particular specialty meets the requirements to teach an ERDI Ops Components Course.

#### Instructor Requirements:

- A. I agree to adhere to the ERDI Ops Component Course standard and outline provided by ERDI Headquarters.
- B. Documentation of 25 dives in each applied specialty course.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dive History

Include a brief summary of relevant experience for every checked specialty. Additional pages may be attached if more room is needed. \_\_\_\_\_

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