



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.

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.

Item	Notes	Enclosed
IT Staff Instructor Applicants:		
OWSDI certification	Copy of c-card or official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of IDC(s) staffed	Include dates, location, name and contact of conducting staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructor Trainer Applicants:		
IT Staff Instructor equivalent certification	Copy of c-card or official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of IDC(s) conducted	Include dates, location, name and contact of examining staff or verify with official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Applicants:		
Verification of no QA issues with any agency within past 12 months	Required on official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of all other agency Instructor ratings	Copy of c-card or official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of number of students certified	Required on official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of current CPR/first aid/O2 provider certification	Copy of c-card or official agency documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: SDI/TDI/ERDI Ratings, Student Counts and verification of no QA issues need not be supplied by applicant as this is already held on record.		
Training Materials included in HQ program cost are:	<ul style="list-style-type: none"> • Instructor Trainer Manual • Instructor Trainer Resource CD-ROM • IT Evaluation Slates 	

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: _____