



# EMERGENCY FIRST RESPONSE DISTINCTIVE SPECIALTY INSTRUCTOR APPLICATION

## APPLICANT INFORMATION - PLEASE TYPE OR PRINT CLEARLY

Please check here if this is a change of address and you want our record changed accordingly

Name \_\_\_\_\_ EFRI/PADI No. \_\_\_\_\_  
First Initial Last

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

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

**Emergency First Response Distinctive Specialty Course Title** (Attach a copy of your Course Outline)

Title \_\_\_\_\_  
Maximum of 32 characters including spaces

**History of Experience** - please provide information about your experience in this the distinctive specialty area by completing **Page Two** of this application.

## Instructor Acknowledgment

"I agree to use the Emergency First Response reviewed and approved Distinctive Specialty course outline and understand that I may conduct the course(s) only after receiving written approval from Emergency First Response."

Instructor Signature \_\_\_\_\_ EFRI/PADI No. \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

## PAYMENT METHOD

See current price list for payment information.

Check/Bank Draft No.\* \_\_\_\_\_

\*Check/Bank Draft must be payable in the currency of the EFR Regional Headquarters the application is submitted to.

MasterCard  VISA  American Express  Discover Card  JCB

Card Number \_\_\_\_\_

Card expiration date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Please Print

Authorized Signature \_\_\_\_\_

## CHECKLIST

- Application filled out correctly
- History of Experience included (Page 2)
- Course Outline Attached**
- Signature
- Payment information included

**Please submit to your Emergency First Response Regional Headquarters**

For contact information, visit:

[emergencyfirstresponse.com/contact-us/](http://emergencyfirstresponse.com/contact-us/)

## OFFICE USE ONLY

Rec'd \_\_\_\_\_ Ent \_\_\_\_\_ Shp'd \_\_\_\_\_

## History of Experience

Please complete this History of Experience to provide information about any experience you have in this the distinctive specialty area.

### PLEASE PRINT LEGIBLY

1. Outline any formal training you have had relative to the distinctive specialty area (PADI or EFR courses, college/university courses, seminars, internship, etc.).

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2. Have you assisted other emergency care professionals in the distinctive specialty area?  Yes  No  
If yes, please give approximate dates and your duties as an assistant

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3. Besides those reasons given above, please outline why you feel you are qualified to teach the distinctive specialty for which you are applying.

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4. Please attach any additional information or documentation you feel is relevant.