



NAUI SPECIALTY COURSE/RECOGNITION PROGRAM
INSTRUCTOR APPLICATION

PERSONAL INFORMATION:

Instructor Number: _____
 Last Name: _____ First Name: _____ MI: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Tel (daytime): _____ Tel (evening): _____
 E-mail: _____ Birth Date: _____ SS #: _____

COURSE NAME:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> EANx Diver | <input type="checkbox"/> Recreational Hookah Diver | <input type="checkbox"/> Advanced Scuba Rescue Diver |
| <input type="checkbox"/> Cavern Diver | <input type="checkbox"/> Ice Diver | <input type="checkbox"/> Wreck Diver (Penetration) |
| <input type="checkbox"/> Cave Diver | <input type="checkbox"/> Other: _____ | |

For **Specialty Courses**, I have attached copies of the following **required document(s)** (see 1996 S&P, pgs. 2.44-2.47 for guidelines).

TRAINING BACKGROUND:

<u>Course Title/Level</u>	<u>Agency</u>	<u>Certification Date</u>	<u>Expiration Date</u>

- An **outline of the proposed course** plus **evidence of relevant training and/or experience** in the named specialty must be submitted with the application. The outline shall minimally contain:
- Course title and overview, including the number of dives
 - Qualifications of graduates
 - Student skill requirements
 - Academic topics and methods of testing
 - Student-supervision ratios
 - Types of dives and depth limits

I certify that the information provided above is true and correct to the best of my knowledge.

_____ Applying Instructor's Signature _____ Date

_____ NAUI Representative _____ Date _____ Training Department _____ Date