



NAUI SPECIALTY COURSE/RECOGNITION PROGRAM
INSTRUCTOR APPLICATION

PERSONAL INFORMATION:

Instructor Number: _____
 Last Name: _____ First Name: _____ MI: _____
 Address _____

 City: _____ State: _____
 Postal Code: _____ Country: _____
 Tel (daytime): _____ Tel (evening): _____
 E-mail: _____

COURSE NAME:

- Recreational Hookah Diver
- Instructor Specified _____

For **Specialty Courses**, I have attached copies of the following **required document(s)** (see 1996 NAUI Standards & Policies, rev. 1-04 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



NAUI SPECIALTY COURSE/RECOGNITION PROGRAM
INSTRUCTOR CREDENTIAL ORDER FORM

Need to Verify Your Specialty Instructor Credentials?

(Choose from the following options)

Name: _____ Member #: _____

- Check here if you would like a personalized Specialty Instructor Card (item #94415) for \$18.00. Enter the course(s) you would like to appear on your card.

- Check here if you would like a personalized Specialty Instructor Certificate (item #94416) for \$18.00. Enter the course you would like to appear on your certificate. (Only one course title per certificate.)

Please select payment type below and enclose payment, **payable to NSG**, with your application.

Payment Method: Check # _____ MO # _____ Amex _____ Visa _____ MasterCard _____

CC Number: _____ Expiration Date: _____ CVV Code: _____

Cardholder Name: _____ Signature: _____

Credit Card Statement Address:

City: _____ State: _____ County: _____ Country: _____
Postal Code: _____ Telephone: _____

Ship to Information (if different from above)

City: _____ State: _____ County: _____ Country: _____
Postal Code: _____ Telephone: _____
Email Address: _____