



# Specialty Instructor Upgrade Form For Assistant Instructors and Instructors

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[www.tdisdi.com](http://www.tdisdi.com)

### Method of Payment

AMEX , MasterCard , Visa , Check  or Money Order  Make Checks Payable to International Training

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Exp. Date: 

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

**Certificates & cards are sent directly to the instructor or facility.**

**Certification Fee: \* Refer to current price list**

### Please Check Only One Course Per Form

<input type="checkbox"/> Advanced Buoyancy Control <input type="checkbox"/> Altitude <input type="checkbox"/> Boat <input type="checkbox"/> Computer Diver <input type="checkbox"/> Computer Nitrox Diver <input type="checkbox"/> CPROX Administrator <input type="checkbox"/> CPR1st Administrator <input type="checkbox"/> CPROX1stAED Administrator <input type="checkbox"/> Deep Diving (130 ft Max) <input type="checkbox"/> Diver Propulsion Vehicle <input type="checkbox"/> Drift Diver <input type="checkbox"/> Dry Suit	<input type="checkbox"/> Equipment Specialist <input type="checkbox"/> Ice <input type="checkbox"/> Marine Ecosystems Awareness <input type="checkbox"/> Night /Limited Visibility <input type="checkbox"/> Research <input type="checkbox"/> Search & Recovery <input type="checkbox"/> Shore/Beach <input type="checkbox"/> Sidemount <input type="checkbox"/> Solo <input type="checkbox"/> U/W Hunter & Collector <input type="checkbox"/> U/W Navigation <input type="checkbox"/> U/W Photography	<input type="checkbox"/> Underwater Video <input type="checkbox"/> VIP <input type="checkbox"/> Wreck <input type="checkbox"/> Other: (Specify)
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<b>Current Instructor Number:</b>	
<b>Print name as it is to appear on certification card</b>	
<b>Complete mailing address (including City, State and Postal code)</b>	
<b>Phone number</b>	
<b>E-mail address</b>	

**Please fill out the appropriate section on Page 2  
BEFORE submitting the form to SDI**

**Specialty Procedure #1 (Assistant Instructors must use this process)**

**Participation in an Instructor Specialty Class:**

A SDI Instructor has completed an SDI Specialty Instructor Course.

**Instructor Requirements:**

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

**Course Location:** \_\_\_\_\_ **Course Completion Date:** \_\_\_/\_\_\_/\_\_\_

**Instructor Trainer Signature:** \_\_\_\_\_ **SDI #** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**AI or Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Specialty Procedure # 2**

**Administrative Specialty Instructor Upgrade:**

An instructor who wishes to crossover a specialty instructor rating from another certification agency to SDI.

**OR**

An instructor who feels his experience in a particular specialty meets the requirements to teach a SDI Specialty Course. **Must complete the dive history section below**

**Instructor Requirements:**

- A. I agree to adhere to the SDI Specialty Course standard and outline provided by SDI Headquarters.
- B. Documentation of 25 dives in that particular specialty course.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Specialty Procedure #3**

**Request for a Specialty Instructor Upgrade:**

An instructor, who has a specialty rating that is not listed as one of the SDI Specialty Courses, can apply for specialty course recognition.

**Instructor Requirements:**

- A. I agree to provide SDI Headquarters with the specialty course outline
- B. Complete documentation of dive history plus documentation of 20 dives in that particular specialty course.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Dive History:**
