



International Training

SPECIALTY INSTRUCTOR UPGRADE FORM

Method of Payment

AMEX MasterCard Visa Check Money Order Make Checks payable to International Training (where applicable)

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

<input type="checkbox"/> Advanced Buoyancy Control	<input type="checkbox"/> Dry Suit	<input type="checkbox"/> Sidemount
<input type="checkbox"/> Air Fill Station Operator	<input type="checkbox"/> Equipment Specialist	<input type="checkbox"/> Solo
<input type="checkbox"/> Altitude	<input type="checkbox"/> Ice	<input type="checkbox"/> U/W Hunter & Collector
<input type="checkbox"/> Boat	<input type="checkbox"/> Marine Ecosystems Awareness	<input type="checkbox"/> U/W Navigation
<input type="checkbox"/> Computer Nitrox Diver	<input type="checkbox"/> Night /Limited Visibility	<input type="checkbox"/> U/W Photography
<input type="checkbox"/> Deep Diving (130 ft Max)	<input type="checkbox"/> Research	<input type="checkbox"/> Underwater Video
<input type="checkbox"/> Diver Propulsion Vehicle	<input type="checkbox"/> Search & Recovery	<input type="checkbox"/> Wreck
<input type="checkbox"/> Drift Diver	<input type="checkbox"/> Shore/Beach	<input type="checkbox"/> Other: (Specify) _____

Instructor Name: _____ Member #: _____

Mailing Address: _____

Phone number: _____ E-mail address: _____

Specialty Procedure #1 Participation in an Instructor Specialty Class:

An SDI Instructor has completed an SDI Specialty Instructor Course. ***Assistant Instructors must use this process**

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: _____ Facility #: _____ Course Completion Date: _____

Instructor Trainer Signature: _____ SDI #: _____ Date: _____

AI or Instructor Signature: _____ SDI #: _____ Date: _____

Specialty Procedure #2 Administrative Specialty Instructor Upgrade. Must complete the dive history section below.

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

OR

An instructor whose experience in a particular specialty meets the requirements to teach an SDI Specialty Course.

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 each applied specialty course.

Instructor Signature: _____ Date: _____

Dive History

Include a brief summary of relevant experience for every checked specialty. Additional pages may be attached if more room is needed. _____