

**PADI**

# Basic Mermaid Instructor Application

OFFICE USE ONLY

# - \_\_\_\_\_

Cert. Date \_\_\_\_\_

By \_\_\_\_\_

**PLEASE PRINT CLEARLY****Return certification package to:** ☐ **Store/Resort** ☐ **Instructor/Trainer** ☐ **Applicant**☐ Please check here if this is a change of address and you want our records changed accordinglyName \_\_\_\_\_ PADI No. (if any) \_\_\_\_\_  
First Initial Last

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

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

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

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

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: ☐ M ☐ F Preferred Language \_\_\_\_\_  
Day/Month/YearTo apply for and qualify as a **PADI Basic Mermaid Instructor**, meet prerequisite certification and training requirements as follows:

- ☐ **18 years old**
- ☐ **PADI Advanced Mermaid (or qualifying certification)**
- ☐ **Current Emergency First Response (EFR) Primary and Secondary Care training (or qualifying certification) within the last 24 months**
- ☐ **Current medical statement signed by a physician within the previous 12 months**

**Completed the following:**

- ☐ **Knowledge development sections of the Mermaid Instructor Course**
- ☐ **Mermaid Instructor Exam with a passing score of at least 75 percent**
- ☐ **Waterskills Exercises:**
  - ☐ **Swim 400 metres/yards nonstop, without swimming aids**
  - ☐ **Perform a 10-minute tread, drown-proof, bob or float using no aids and wearing only a swimsuit**
  - ☐ **Swim 800 metres/yards face down, using mask, snorkel and fins, nonstop, without flotation aids**
  - ☐ **Tow (or push) a diver for 100 metres/yards nonstop, at the surface, without assistance using monofin**
  - ☐ **Rescue an unresponsive, nonbreathing mermaid diver at the surface and tow for at least 50 metres/yards**
- ☐ **Role model skill demonstration:**
  - ☐ **Proper breathing technique**
  - ☐ **Vertical, headfirst duck dive**
  - ☐ **Efficient dolphin kick**
  - ☐ **Backward somersault turn**
  - ☐ **Underwater hand shaking**
  - ☐ **Mermaid bubble**
  - ☐ **Back glide**
- ☐ **Assist a Mermaid Instructor with at least one Discover Mermaid program and two Basic Mermaid courses/ Mermaid course Confined Water Session 1s.**

Course Location \_\_\_\_\_ Date \_\_\_\_\_  
Store/Resort Name \_\_\_\_\_ S/R No. \_\_\_\_\_  
Instructor/Trainer Name \_\_\_\_\_ PADI No. \_\_\_\_\_  
Instructor/Trainer Signature \_\_\_\_\_

**Submit proof of qualifying course(s) and certification(s) with the application for review.**

## Instructor Acknowledgment

"I agree to follow the PADI Mermaid Program standards and understand that I may conduct the course(s) only after receiving written approval from my PADI Regional Headquarters.

I have read the Membership Agreement and License Agreement found in the Appendix of the PADI Mermaid Program Instructor Guide and hereby consent and agree to the terms and conditions in their entirety. I understand and agree that any criminal conviction on my part involving abuse of a minor or sexual abuse of an adult occurring either during or prior to my membership with PADI, will be automatic grounds for denial or termination of my PADI Membership. I hereby certify that all the above statements are true and correct to the best of my knowledge."

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

## PAYMENT METHOD

See current price list for payment information.

- ☐ MasterCard ☐ VISA ☐ American Express  
☐ Discover Card ☐ JCB  
☐ Check/Bank Draft No.\* \_\_\_\_\_

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

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

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

Cardholder Name \_\_\_\_\_  
Please Print

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

☐ **Yes! Sign me up for Automatic Renewal**

USING THE PAYMENT INFORMATION ABOVE

## CARD OPTIONS

☐ **PADI Standard Card (no additional fee)**

**Support conservation with your Project AWARE version of the PADI Card:**

☐ **Project AWARE Card** \_\_\_\_\_

(Please indicate the amount of your donation. For a minimum required for processing, please contact your PADI Regional Headquarters)

## CHECKLIST

- ☐ **Application completed in full**  
☐ **Copies of qualifying certifications attached**  
☐ **Signatures**  
☐ **Payment information included**  
☐ **One photo attached**

**Please submit to your PADI Regional Headquarters**  
**For contact information, visit: [www.padi.com](http://www.padi.com)**

### OFFICE USE ONLY

Rec'd	Code
Ent'd	Paid
Shipped	Initials
Reapplied	Amount