



# International Association of Nitrox and Technical Divers/IAND, Inc.

Address: P.O Box: 1972 , Aqaba 77110, Jordan

Phone: +962 788096333

E-mail: MemberServices@iantd-jordan.com Web: www.iantd-jordan.com

## Instructor/IT Membership Renewal

January 1, 2020 – December 31, 2020

**Please Complete All Information on BOTH sides of this form**

Please Type or Print Clearly

Name	First	Middle	Last	Inst. #	IT #	ITT#	Birth Date
							DAY / Month / Year
<b>Home Address</b> (has to be in IANTD Jordan Territories) <small>(Jordan, Saudi Arabia, Oman and Qatar)</small>			City	State	Zip	Country	Phone
Mailing Address			City	State	Zip	Country	Cell
Nationality				E-mail Address			

Teaching languages (in order of priority)

### You Must Sign the Following Agreement

To my knowledge the above information is correct and complete I have read the accompanying contractual membership and license agreements and I agree to remain in full compliance.

**Instructor Signature**

**Date**

*By signing this renewal form, I declare that all above details are correct and up to date, that I hold valid professional liability insurance, as well as a current dive medical signed by a physician and that I authorise IANTD, IANTD, Inc. and IANTD Jordan to publish my business contact details on the public instructor listing, including phone number and email address. Also, in case I have chosen to pay my renewal fees by credit card, I allow IANTD and IANTD Jordan to debit my credit card for my renewal, student registrations and bills with IANTD, IAND Inc. or IANTD Jordan. ( Jordan, Saudi Arabia, Oman and Qatar)*

Level(s) to be Renewed:

- Divemaster  
  Supervisor  
  Assistant Instructor  
  Open Water Instructor  
 Nitrox Instructor / IT  
  Advanced Nitrox Instructor / IT  
  Diver First Aid Instructor / IT  
 Technical Instructor / IT  
  Normoxic Instructor / IT  
  Trimix Instructor / IT  
 Other: \_\_\_\_\_  
  Other: \_\_\_\_\_

<i>IANTD - Jordan Use Only</i>	Date Received	Date Processed
Notes	Initials	Invoice

**You must sign and complete ONE of the following 4 options:  
(Diver's Physicals or VO<sub>2</sub> Max tests must be no older than 3 months)**

**1. Option 1**

Attach a copy of a Diver's Physical from a Physician.

Instructor Signature \_\_\_\_\_

**2. Option 2**

Complete the Mandatory Watermanship Evaluations on pages 43 and 44 in the 2001 IANTD *Standards and Procedures*.

- Skill One Points \_\_\_\_\_
- Skill Two Points \_\_\_\_\_
- Skill Three Points \_\_\_\_\_
- Skill Four Points \_\_\_\_\_
- Skill Five Points \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_

**3. Option 3**

Take and pass (score of average or above) a VO<sub>2</sub> Max test and attach a copy of the test results.

Date of test \_\_\_\_\_

- Administrator of VO<sub>2</sub> Test \_\_\_\_\_
- VO<sub>2</sub> Max Score \_\_\_\_\_

Instructor Signature \_\_\_\_\_

**4. Option 4**

I verify that I participate in a regular routine of physical fitness training and maintain myself in a state of fitness that allows for safe and responsible in-water training sessions.

- Attached is my Copy of the IANTD Medical Questionnaire (From any IANTD Student Manual) that I have filled out completely.

Instructor Signature \_\_\_\_\_

**All Instructors Operating within International Licensee Territories must contact the appropriate Licensee Office for membership renewal information. Any questions concerning Licensee membership please contact HQ or your local IANTD Licensee.**

**Please Note** You will receive **ONE INSTRUCTOR LEVEL C-CARD** for the **highest INSTRUCTOR** Certification level you have.