



# PADI DIVEMASTER

## Discover Scuba Diving Internship Completion Form

PADI Divemasters in Active Status (and with insurance, where required) may conduct PADI Discover Scuba Diving programs in a pool or confined open water environment after successfully completing a Discover Scuba Diving internship. The internship consists of conducting four separate PADI Discover Scuba Diving programs in a pool or confined open water environment under the direct supervision of a PADI Instructor. After completing the internship, submit this form, signed by the instructor, to your PADI Office for processing and authorization.

PLEASE PRINT CLEARLY  Check here if this is a change of address and you want our records changed accordingly.

Name \_\_\_\_\_ PADI No. \_\_\_\_\_  
First Initial Last

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

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

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

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

FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  M  F Preferred Language \_\_\_\_\_  
D/M/Y

### INTERNSHIP VERIFICATION – PADI DISCOVER SCUBA DIVING PROGRAMS

Date \_\_\_\_\_ Supervising Instructor \_\_\_\_\_ PADI Number \_\_\_\_\_

Date \_\_\_\_\_ Supervising Instructor \_\_\_\_\_ PADI Number \_\_\_\_\_

Date \_\_\_\_\_ Supervising Instructor \_\_\_\_\_ PADI Number \_\_\_\_\_

Date \_\_\_\_\_ Supervising Instructor \_\_\_\_\_ PADI Number \_\_\_\_\_

I verify that this PADI Divemaster has completed four required Discover Scuba Diving programs under the direct supervision of a PADI Instructor

Verifying Instructor \_\_\_\_\_ PADI No. \_\_\_\_\_ Date \_\_\_\_\_  
Verifying Instructor Signature D/M/Y

### PAYMENT METHOD

See current price list for payment information.

- MasterCard  VISA  American Express  
 Discover Card  JCB  Maestro/Solo (UK only)  
 Check/Bank Draft Number\* \_\_\_\_\_

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

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

Card expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Maestro/Solo valid from date \_\_\_\_\_ Or Issue No. \_\_\_\_\_ (UK only)

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

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

MAIL TO: Your PADI Office  
Attn. Divemaster Certification  
For mailing information, see current price list or visit padi.com.

### CARD OPTIONS

- PADI Standard Card (no additional fee)  
 No card required

To help preserve the aquatic environment, please select and indicate the amount of donation:

- Project AWARE Foundation Card \_\_\_\_\_  
(Contact your PADI Office for minimum donation)  
 Additional Project AWARE Foundation donation \_\_\_\_\_  
(A donation of any amount is appreciated)

### CHECKLIST

- Application completed in full  
 Applicant and instructor signatures  
 One photo attached  
(Include only if requesting a replacement certification card.)  
 See price list for fee  
 Please check box if DSD Internship Completion form is attached #10151

Tape / Attach a  
4.5cm x 5.7 cm  
1 3/4" x 2 1/4" (approx.)

Head and Shoulder Photo

**PRINT NAME ON  
BACK OF PHOTO**

Coin Machine Photos OK

No Dark Glasses

Rec'd \_\_\_\_\_ Ent \_\_\_\_\_ Shp'd \_\_\_\_\_