



Full Face Mask Trainer Application

A complete application, including all required documentation, must be received at Dive Rescue International headquarters prior to receiving Trainer materials.

Training Location _____ Date _____

Applicant Information

Name _____ Date of Birth _____
Mailing Address _____ City _____ State _____ Zip Code _____
Cell Phone _____ Work Phone _____ Home Phone _____
Email _____

Department/Team Affiliation

Department / Team _____ Position / Title _____
Mailing Address _____ City _____ State _____ Zip Code _____
Supervisor's Name _____ Title _____ Phone _____
Supervisor's Email _____

Required Documentation

All of the following must accompany this application

Method of payment Documented Dives** Full Face Mask Certification or proof of training in the use of Full Face Masks
 Departmental Sponsorship Letter Signed Full Face Mask Trainer Standards

Payment Information **Administrative Fee: \$250.00**

Billing Address _____ City _____ State _____ Zip Code _____
Credit Card Number _____ Department Card Exp. _____ Personal Card _____ Security Code _____
Purchase Order Number _____ Please provide a copy of the PO with registration
Check Number _____

Instructor and/or Training Experience

Full Face Mask Diving Experience

Include personal certifications and / or training in the use of Full Face Masks.

Full Face Mask Trainer recognition is earned on the basis of current Public Safety Scuba Instructor (PSSI) or Dive Rescue I Trainer (DRIT) teaching status, credentials from past FFM diving experience, and review by Dive Rescue International. In this way, Dive Rescue International, Inc. preserves the quality of its programs and reaffirms its commitment to present and future trainees.

Once class is complete, the Class Roster, Certification Order Form with payment, and Emergency Action Plan (EAP) must be returned to Dive Rescue International. The Trainer will then be issued certificates and certification cards for each student. There is no student kit for this class.

**Full Face Mask Trainer candidates will be required to complete and send documentation of 25 full face mask dives to headquarters. Trainer candidates must also provide documentation of personal FFM certification or experience.



Sample Sponsorship Letter

MUST BE ON DEPARTMENT LETTERHEAD
and contain the following paragraphs!

Date

Dive Rescue International
Attn: Education Department
201 North Link Lane
Fort Collins, CO 80524-2712

Dive Rescue International,

This will confirm that **(name)**, an employee of **(department)** is instructing Full Face Mask to our employees in his/her capacity as a certified Full Face Mask Trainer, in conjunction with being a current PSSI/DRIT.

(Name) is covered for instructor liability exposure while acting in his/her capacity as an employee of **(department)**. The trainer is defended by the agency self insurance or insured liability coverage.

(Department) understands that it is our responsibility to notify Dive Rescue International of changes in this coverage or this employee's status as an employee or instructor.

If you should have any questions on this matter please contact the undersigned.

Sincerely,
(Department Name)

Supervisor's Signature

(Supervisor's Name)
(Supervisor's Position)