



INSTRUCTOR APPLICATION

First Name: _____ Last Name: _____ IAMI Mber-CMI#: _____
Agency/Employer: _____
Address: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____ E-mail: _____
Phone Number: _____ Mobile Number: _____

Please answer the following questions:

1. Have you been an active member of IAMI during the past 2 years? Yes No
2. Are you a current IAMI Certified Marine Investigator? Yes No
3. How many years of marine experience do you have? _____
4. In what specific field do you have? _____
5. Have you conducted instruction with any other member of IAMI? Yes No
If so list the Name of IAMI Member: _____

Please submit this application along with the following documents to IAMI Headquarters:

- Current resume
- List of courses taught in the last 2 years
- IAMI Instructor Database Form

Applicant's Signature: _____ Membership #: _____ Date: _____

IAMI Instructor Signature: _____ Membership #: _____ Date: _____

OFFICEUSEONLY

Date Received: _____ Reviewed By: _____

Comments

Instructor Card#: _____

IAMI Headquarters, 9425 Smitty Trail, Russellville, MO 65074, USA. E-mail: iami@iamimarine.org

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