



Instructor Affiliation Form

This form is to be used by accredited providers to submit a list of their instructors. Please send the completed form to dit@iadc.org.

1. PROVIDER INFORMATION		
Accredited Provider (Company Name):	Provider's IADC ID #	Date of Request
2. INSTRUCTORS—List the full legal name of ALL your instructors here.		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:		Phone Number:
Approved Languages:		Date of Birth:
Instructor Signature:		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:		Phone Number:
Approved Languages:		Date of Birth:
Instructor Signature:		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:		Phone Number:
Approved Languages:		Date of Birth:
Instructor Signature:		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:		Phone Number:
Approved Languages:		Date of Birth:
Instructor Signature:		

THE UNDERSIGNED HEREBY ATTESTS THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT AND ALL SUPPORTING DOCUMENTS ARE ACCURATE AND COMPLETE.

Signature of Responsible Corporate Official of Company:

Date:

Printed or typed name of Responsible Corporate Official of Company:

First (Given) Name

Middle Name

Last (Family) Name

Title of Responsible Corporate Official of Company: