



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
Street Address:	Phone #:	
Address Line 2:	Alt Phone #:	
City, State:	Country, Zip Code:	
Name of Administrator/Manager:	Administrator/Manager email address:	
<input type="checkbox"/> Language to be added: (Please list the approved language as presented on the DIT-03)		
2. INSTRUCTORS—List the full legal name of ALL your instructors here.		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:	Phone Number:	
<input type="checkbox"/> Language		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:	Phone Number:	
<input type="checkbox"/> Language		
<i>First (Given) Name</i>	<i>Middle Name</i>	<i>Last (Family) Name</i>
Email Address:	Phone Number:	
<input type="checkbox"/> Language		
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Email Address:	Phone Number:	
<input type="checkbox"/> Language		
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Email Address:		Phone Number:
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<input type="checkbox"/> Language		
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Email Address:		Phone Number:
<input type="checkbox"/> Language		
First (Given) Name	Middle Name	Last (Family) Name
Email Address:		Phone Number:
<input type="checkbox"/> Language		
First (Given) Name	Middle Name	Last (Family) Name
Email Address:		Phone Number:
<input type="checkbox"/> Language		

Signature of Registered Administrator

Date