# Continuing Education Training Record

## Student Information

| FIRST NAME | MIDDLE INITIAL | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
|---|---|---|---|
| | | | |

| STREET ADDRESS OR PO BOX (LINE 1) | ADDRESS (LINE 2) |
|---|---|
| | |

| CITY | STATE/DISTRICT/PROVINCE | ZIP/POSTAL CODE | COUNTRY |
|---|---|---|---|
| | | | |

| PRIMARY PHONE NUMBER (MOBILE IS BEST) | E-MAIL ADDRESS |
|---|---|
| | |

## Course Information

| COURSE NAME |
|---|
| Advanced Adventure Course |
| STARTING DATE |
| |
| ENDING DATE |
| |

## Instructor 1

| FIRST NAME | LAST NAME |
|---|---|
| | |

| PHONE (MOBILE IS BEST) | INSTRUCTOR NO. |
|---|---|
| (954) 792-4977 | |

| EMAIL |
|---|
| fun@aquaticventures.com |

## Instructor 2

| FIRST NAME | LAST NAME |
|---|---|
| | |

| PHONE (MOBILE IS BEST) | INSTRUCTOR NO. |
|---|---|
| (954) 792-4977 | |

| EMAIL |
|---|
| fun@aquaticventures.com |

## Instructor 3

| FIRST NAME | LAST NAME |
|---|---|
| | |

| PHONE (MOBILE IS BEST) | INSTRUCTOR NO. |
|---|---|
| (954) 792-4977 | |

| EMAIL |
|---|
| fun@aquaticventures.com |

## Skill Development and Application

| Skill | Date | Instructor Name or Number |
|---|---|---|
| **Deep Diving** | | |
| Make one dive past 20m / 65ft | | |
| Emergency decompression procedures | | |
| Review of first Aid / O2 treatment / Shock | | |
| **Navigation** | | |
| Measure kick cycles for a distance of 30m / 100ft | | |
| Out and back 5m / 100ft return within 5m / 15ft of start | | |
| Compass square 10m / 35ft return within 5m / 15ft of start | | |
| Compass triangle 10m / 35ft return within 5m / 15th of start | | |
| Natural navigation using contours and objects | | |
| **Limited Visibility** | | |
| Flash light signaling skills / marker strobes | | |
| Buddy system / communication | | |
| Disorientation / emergency procedures | | |
| **Drift** | | |
| Planning and procedures | | |
| Entries and Exits / Beach & Boat | | |
| **Shore & Beach** | | |
| Assess current site conditions and potential changes | | |
| Entries and exits / calm water & rough Water | | |
| **Boat Diver** | | |
| Equipment & procedures | | |
| **Wreck Diver** | | |
| Buddy contact / charting | | |
| Life lines & reels | | |
| Special emergency procedures | | |

## Knowledge Development

| eLearning Course Completed | Date |
|---|---|
| ☐ SDI ☐ NASE ☐ PADI ☐ NAUI | |

**Instructor Statement:** "On the date listed, this student met all requirements for academic knowledge development as required by standards.

Instructor Name _____ Instructor Number _____

**Instructor Statement:** "On the date(s) listed, this student met all of the requirements for skill application required by standards."

Instructor Signature _____ Instructor Number _____ Date _____

**Student Statement:** "I understand and have met all the requirements for certification."

Student Signature _____ Date _____