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
Boat Diver Certification
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
Types of Boats		
Live-Aboard / Charter Boat / Private Boat		
Safety Features		
Preservers / Life Boats / Flares / Radio / First Aid/ O2		
Planning Dive Trips		
Size / Dive Difficulties / Air Availability / Weather		
Determining Necessary Equipment		
Use a checklist		
Dive equipment required		
Spare Parts		
Camera / Photo Equipment		
Boat Procedures		
Loading & unloading		
Captain & Crew Briefs / Speical procedures		
Lines		
Anchor line		
Descent lines		
Tag line		
Stern Safety Line		
Decompression bar / Hang bar		
Underwater Navigation from Boat		
Natural navigation		
Anchored / current vs no current		
Drift Diving		
Deployment of Surface Marker Buoy		

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 _____