# 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 |
|---|
| Deep Diver 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 |
|---|---|---|
| Dive I | | |
| Prepare a detailed deep diving plan | | |
| Claculate minimum gas reserve (MGR) | | |
| Calculate usable gas | | |
| Demonstrate situational awareness | | |
| Dive plan and do not exceed 100' | | |
| Ascent with deep stop at 50' for one (1) minute | | |
| Simulate emergency decompression for five (5) minutes | | |
| Debrief dive according to dive plan | | |
| Dive II | | |
| Prepare a detailed deep diving plan | | |
| Claculate minimum gas reserve (MGR) | | |
| Calculate usable gas | | |
| Dive plan and do not exceed 135' | | |
| Nitrogen Narcosis check and procedures | | |
| Ascent with deep stop at 50' for one (1) minute | | |
| Simulate emergency decompression for ten (10) minutes | | |
| Deploy surface marker buoy | | |
| Debrief dive according to dive plan | | |
| | | |
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| | | |
| | | |

## 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 _____