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
	kendall.flair@gmail.com

Course Information

COURSE NAME
Divemaster 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
Confined Water Skills		
Swim 400m / 1312ft in 10 minutes or less		
Snorkel 800m / 2624ft in 18 minutes or less		
Swim 25m/ 80ft underwater without surfacing		
Ditch and recovery of mask / snorkel / fins		
Ditch and recovery of mask / snorkel / fins / BCD		
Bailout and surface of mask / snorkel / fins / BCD		
60m / 200ft no mask swim		
Open Water Skills		
Demonstrate all open water diver skills without error		
Simulate unconscious / nonbreathing diver rescue		
Respond to simulated second stage loss		
Respond to simulated mask clear panic		
Respond to simulated loss of buoyancy		
Respond to simulated missing student		
Observe / assist open water diver full course		
Observe / assist Advanced Open Water course		
Observe / assist Rescue course or Specialty course		
Conduct guided dive for certified divers		
Conduct underwater map and review with instructor		
Supervised Teaching Requirements		
Teach (under direct supervision) classroom		
Teach (under direct supervision) confined water skills		
Teach (under direct supervision) open water skills		
(inform student of annual dues for Divemaster)		
(inform student of requirement of insurance)		

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 _____