# 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 |
|---|
| Diver Propulsion Vehicle (DPV) 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 Physics** | | |
| Review of air embolisms and decompression theory | | |
| Review of ascent / descent rates / pressure changes | | |
| **DPV use** | | |
| Pre-Dive preparation (weight) | | |
| Water entries | | |
| DPV use at surface | | |
| Tandem DPV use | | |
| Orientation and descent procedures | | |
| Computer failure procedures | | |
| Post dive maintenance | | |
| **DPV Practical Dive** | | |
| Plan a dive with DPV | | |
| Proper Entry | | |
| Surface use of DPV | | |
| Descent with DPV | | |
| Underwater tour | | |
| Monitor DPV and Air consumption | | |
| DPV failure procedures | | |
| Emergency procedures for runaway DPV | | |
| Execute safety stop at end of dive | | |
| Ascent and exit | | |
| | | |
| | | |
| | | |
| | | |

## 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 _____