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
Full Face Mask 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
Purpose and Nomenclature		
Purpose - Communication		
Advantages		
Disadvantages		
Types of Full Face Masks		
Donning / Doffing mask underwater orientation		
Full Face Mask Dive		
Make a Dive Plan		
Equipment set up		
Proper donning and adjustment		
Switching to open / closed Surface Air Valve		
Establish and maintain neutral buoyancy		
Equalization techniques		
Clearing a partially flooded mask		
Remove and replace full face mask underwater		
Free-flowing full face mask emergency		
Successfully switch to back up mask		
Alternate air source ascent		
Ascent and safety stop		
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 _____