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
Open Water Referral 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
Confirm remediation of e-learning complete and signed		
Comfirm confined water complete and signed		
Obtain a copy of the original medical questionnaire		
Obtain a copy of physician's release if required		
Open Water Skills		
Regulator recovery and clearning		
Mask clearing (partial and full)		
Mask removal / replacement		
BC oral inflation (surface)		
Surface swim (50m / 164ft)		
Cramp removal		
Tired diver tow / tired diver push		
BC use under water (power / oral / run-away)		
Swim, stop, and turn while neutral		
Descents and ascents (with reference)		
Snorkel regulator exchange		
Alternate air source use (stationary)		
Alternate air source ascent		
Independent emergency ascent (CESA)		
Regulator free flow		
Air depletion exercise		
Weight removal and replacement (surface)		
Weight removal and replacement (underwater)		
Scuba removal / replacement (surface)		
Scuba removal / replacement (underwater)		
Out and back navigation 15m / 50ft with compass		

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 _____