



# Refresher 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

TRAINING AGENCY
STARTING DATE
ENDING DATE

## Skill Development and Application

Skill	Confined Water Date	Instructor Name or Number	Open Water Date	Dive No.	Instructor Name or Number
Watermanship assessment					
Regulator recovery and clearing					
Mask clearing (partial and full)					
Mask removal/replacement					
No mask swim (15 m/50 ft)					
BC oral inflation (surface)					
Surface swim (50 m/50 yd)					
Cramp removal					
Tired diver tow					
BC use under water (power and oral)					
Swim, stop and turn while neutral					
Descents and ascents (with reference)					
Descents and ascents (w/o reference)					
Alternate air source use (stationary)					
Alternate air source ascent					
Independent emergency ascent					
Regulator free flow					
Air depletion exercise					
Runaway power inflator					
Weight removal/replacement (surface)					
Scuba removal/replacement (surface)					
Weight removal/replacement (u/w)					
Scuba removal/replacement (u/w)					

## Instructor 1

FIRST NAME	LAST NAME
PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
EMAIL	

**Confined Water Instructor Statement:** "On the date(s) listed, this student met all of the requirements for confined water skill development required by standards."

## Instructor 2

FIRST NAME	LAST NAME
PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
EMAIL	

\_\_\_\_\_  
Instructor Name or Signature      Instructor Number      Date

**Open Water Instructor Statement:** "On the date(s) listed, this student met all of the requirements for open water skill application required by standards."

## Instructor 3

FIRST NAME	LAST NAME
PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
EMAIL	

\_\_\_\_\_  
Instructor Signature      Instructor Number      Date

## Knowledge Development

Open Water Diver eLearning Course Completed	Date
<input type="checkbox"/> SDI <input type="checkbox"/> NASE <input type="checkbox"/> PADI <input type="checkbox"/> NAUI	

**Instructor Statement:** "On the date listed, this student met all requirements for academic knowledge development as required by standards."

**Student Statement:** "I understand and have met all the requirements for certification."

\_\_\_\_\_  
Instructor Name or Signature

\_\_\_\_\_  
Instructor Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date