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
Rescue 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
Self rescue: entrapment removal		
Self rescue: cramp removal		
Self Rescue: scuba unit removal / replacement		
Surface Rescue		
Assist another with cramp removal		
Respond to stressed / panicked diver		
Demonstrate four (4) towing methods 30m / 100ft)		
Respond to diver simulating loss of consciousness		
Equipment removal while simulating resuscitation		
Tow another diver at least 30m / 100ft in full equipment		
Two (2) methods of removing incapacitated diver		
Underwater Rescue		
Assist tired diver to surface		
Assist a STRESSED diver		
Assist a PANICKED diver		
Surface nonresponsive diver who in respiratory arrest		
Conduct search pattern and locate an object / diver		
Demonstrate proper response to cramping		
Demonstrate proper response to VERTIGO		
Demonstrate proper response to Loss of Buoyancy		
Demonstrate proper response to loss of airway control		
Respond to a simulated diving accident scenario		
Sharing breathing gas while swimming DONOR		
Sharing breathing gas while swimming RECEIVER		
Sharing breathing gas while ascending DONOR		
Sharing breathing gas while ascending RECEIVER		

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 _____