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
Shore and Beach 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
Emergency Procedures		
Surface emergencies, no scuba		
Scuba emergencies		
Rescue procedures		
Dive Planning		
Navigation plan		
Navigation aids / landmarks		
Site assessment		
Special procedure to clean gear		
Diving Procedures		
Use of the dive flag		
Float handling and line attachment		
Surf zone considerations		
Current / Surge considerations		
Navigation adjustments for current		
Lost buddy procedures (simulate lost buddy)		
Optional Dives (not included in course)		
Nitrox		
Night		
Naturalist dive		
Digital Imaging dive		
Underwater collecting and hunting		

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 _____