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
Sidemount 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		

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 _____

Skill Development and Application

Skill	Date	Instructor Name or Number
Equipment Considerations		
Cylinder options		
Regulator options		
Proper weighting and equipment configurations		
Emergency Procedures		
Gas-sharing		
Proper reactions to gas hemorrhages		
Water Entries		
Shore entry		
Boat entry		
Dive I		
Plan dive		
Monitor air and gas switching requirements		
Descend and do not exceed pre-planned limits		
Monitor and communicate depth/ time/ air consumption		
Demonstrate buoyancy control during cylinder manipulation		
Ascend and perform safety stop		
Dive II		
Plan dive		
Descend and do not exceed pre-planned limits		
Demonstrate buoyancy control during cylinder manipulation		
Demonstrate buoyancy control during gas switching		
Simulate out of air condition		
Simulate runaway power inflator		
Simulate loss of buoyancy		
Ascend and perform safety stop		

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 _____