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
Solo 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
Equipment for Solo Diving		
Review of equipment required		
Surface Skills		
200m / 600ft surface swim in full scuba equipment		
(must not stop and performed in an open water environment)		
Open Water Dive		
Demonstrate adequate pre-dive planning		
Plan dive based on personal air consumption rate		
Plan exact dive		
Execute the planned dive within all established limits		
Proper descent and ascent rates		
Monitor decompression status and buoyancy		
Demonstrate proficiency of navigation with compass		
Simulate complete air failure		
(Cannot use spare air must be 30cuft tank or more)		
Simulate complete buoyancy failure		
Simulate lost mask		
Simulate lost fin		
Simulate emergency decompression stop		
(Shoot 55lbs SMB or lift bag from depth of fifty (50) feet or more)		
Ascend and perform saftey stop while hovering		
Recover and stow reel and lift device before exit		

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 _____