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
Underwater Navigation 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
Purpose and Nomenclature		
Types of compass (analog vs digital)		
Advantages		
Disadvantages		
Surface Skills		
Out and back on three (3) different headings		
Determine headings and navigate a triangle		
Determine headings and navigate a square		
(All navigations must return within 3m / 15ft of start)		
Underwater Skills		
Out and back 30m / 100ft on three (3) headings		
Triangle 30m / 100ft on two (2) different headings		
Square 15m / 50ft on two (2) different headings		
Natural navigation 30m / 100ft on two (2) different headings		
(All navigations must return within 3m / 15ft of start)		
(All navigations must be neutrally buoyant)		

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 _____