# 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 Photographer 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 |
|---|---|---|
| Underwater Light | | |
| Variation of Light under water | | |
| Color correction filtering for depth | | |
| Strobes vs Video light | | |
| Available light and strobe considerations | | |
| Possible backscatter issues | | |
| Camera Use In Association with Scuba | | |
| Types of cameras | | |
| Handling and retention of equipment | | |
| Camera settings if available | | |
| Dive I | | |
| Make a dive plan | | |
| Select composition to be considered during dive | | |
| Familiarize with equipment and proper handling | | |
| Achieving proper neutral buoyancy with equipment | | |
| Demonstrate awareness of depth and time | | |
| Photography of subjects as planned | | |
| Conduct safe ascent and safety stop with equipment | | |
| Dive II | | |
| Make a dive plan | | |
| select composition to be considered during dive | | |
| Photograph both still and moving life subjects | | |
| Photograph both close up and distant subject | | |
| Demonstrate awareness of depth and time | | |
| Conduct safe ascent and safety stop with equipment | | |
| Debrief with photo editing of subject matter from Dives | | |

**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 _____