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 Video 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
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 the video objective		
Familiarize with equipment and proper handling		
Achieving proper neutral buoyancy with equipment		
Demonstrate awareness of depth and time		
Video subjects as planned with storyboard consideration		
Conduct safe ascent and safety stop with equipment		
Dive II		
Make a dive plan		
select composition to add to storyboard		
Plan sequence of shots and angles		
Video both close up and distant subjects		
Demonstrate awareness of depth and time		
Conduct safe ascent and safety stop with equipment		
Debrief with video editing of subject matter from Dives		

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 _____