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
VIP Instructor 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
Visual Inspection Purpose		
Teach legal requirements, standards of the community		
Safe Handling of Cylinders		
Teach fill station operator rules and recommendations		
Teach identification of various cylinder markings		
Teach legal / illegal filling requirements		
Teach filling procedures		
Teach tools and their uses		
Visual Inspection Indications		
Teach proper identification of the various defect conditions		
Teach criteria for rejection and condemnation		
Teach defining the criteria for cylinder rejection		
Teach defining the criteria for condemning a cylinder		
Other Services During Inspection		
Teach valve inspection and cleaning		
Teach compressor operations		
Teach oxygen cleaning		
Visual Inspection Procedures Practical		
Teach visual inspection and documentation of cylinder		
Teach inspecting cylinder with mirror and light		
Teach inspecting cylinder with Scope and documentation		
Teach inspecting cylinder with wand and documentation		

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 _____