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
Wreck 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
Open Water Dive I		
Pre-dive review of dive computer		
Plan dive		
Familiarization with wreck / structure and test lights		
Basic charting outside of wreck		
Useage of lines & reels outside of wreck		
Ascend and perform safety stop		
Open Water Dive II		
Plan dive		
Figure surface interval (for repetitive deep dives)		
Perform mapping including compass heading and depth		
Maintain neutral buoyancy during mapping		
Ascend and perform safety stop		
Open Water Dive III		
Plan dive		
Use of lines inside wreck		
Simulate loss of light and follow lines outside of wreck		
Maintain neutral buoyancy during dive (no silting)		
Ascend and perform safety stop		
Open Water Dive IIII (optional)		
Plan dive		
External tour of wreck or structure		
Internal tour of wreck or structure		
Simulate loss of buoyancy		
Simulate loss of visibility		
Ascend and perform safety stop		

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 _____