



A. CONFINED WATER DIVES

Table with columns: CW #, Date Completed (Day / Month / Year), Instructor Initials, PADI #

Waterskills Assessment

200 metre/yard Swim OR 300 metre/yard Mask/Snorkel/Fin Swim
10 Minute Survival Float*

Confined Water Dive Flexible Skills

- Equipment Preparation and Care*
Disconnect Low Pressure Inflator Hose*
Loose Cylinder Band
Weight System Removal and Replacement (surface)*
Emergency Weight Drop (or in OW)*

Skin Diving Skills

_____ / _____ / _____ # _____

Dry Suit Orientation

(Note: If all Confined Water Dives, Confined Water Dive Flexible Skills and Waterskills Assessment have been completed by one instructor, only one signature required.)
All Confined Water Dives, Confined Water Dive Flexible Skills and Waterskills Assessment have been completed.

Instructor Signature _____
PADI # _____ Date _____ / _____ / _____
**I certify that this student has satisfactorily completed this skill/section/dive as outlined in the PADI Instructor Manual. I am a PADI Instructor renewed in Teaching status for the current year.

Student Name _____
Birth Date _____ / _____ / _____ Sex M F
Mailing address _____
City _____ State/Province _____ Country _____ Zip/Postal Code _____
Phone Home _____ Business _____ Fax _____
Email _____

All PADI Instructors who initial this document must complete an identification section below. (Note: Attach additional sheet for other PADI Instructor information if necessary.)

PADI Instructor _____
Signature _____ PADI No. _____ Dive Center/Resort No. _____
Date _____ / _____ / _____
Phone Home _____ Fax _____
Email _____
PADI Instructor _____
Signature _____ Dive Center/Resort No. _____
Date _____ / _____ / _____
Phone Home _____ Fax _____
Email _____

When referring a PADI Scuba Diver/Open Water Diver student:
a. Fill in the diver and PADI Instructor information and note appropriate areas of training completed.
b. Attach a copy of the diver's PADI Medical Statement to this form.
c. Advise the diver of the need for a photo for certification card processing.
d. Encourage the diver to complete training as soon as possible and explain that this form is only valid for one year from the last training section completion date.

B. KNOWLEDGE DEVELOPMENT

Table with columns: Section, Date Completed (Day / Month / Year), Passed Quiz/Exam, Viewed Open Water Video, Instructor Initials, PADI #

(Note: If all above Knowledge Development sessions have been completed by one instructor, only one signature required)

All Knowledge Development sessions listed above have been completed. Quizzes/Exams passed.

Instructor Signature _____ # _____ Date _____ / _____ / _____

C. OPEN WATER DIVES

Table with columns: Dive #, Date Completed (Day / Month / Year), Instructor Initials, PADI #

Open Water Dive Flexible Skills - These skills may be completed during any Open Water Training Dive.

- 1. Cramp Removal*
2. Snorkel/Regulator Exchange*
3. Inflatable Signal Tube/DSMB Deployment*
4. Emergency Weight Drop (or in CW)*
5. Surface Swim with Compass
6. Tired Diver Tow
7. Remove/Replace Scuba (surface)
8. Remove/Replace Weights (surface)
9. CESA (Dive 2, 3 or 4)
10. UW Compass Navigation (Dive 2, 3 or 4)

(Note: If all above Dive Flexible Skills have been completed by one instructor, only one signature is required)

All Open Water Dive Flexible Skills listed above have been completed.

Instructor Signature _____ # _____ Date _____ / _____ / _____

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by PADI's Standard Safe Diving Practices.

Student Signature _____ Date _____ / _____ / _____

All requirements for certification as a PADI Scuba Diver have been met (completion of Knowledge Development sessions 1, 2, 3 Confined Water Dives 1, 2, 3 Open Water Dives 1, 2 and all dive flexible skills marked with an asterisk *).

Instructor Signature _____ # _____ Date _____ / _____ / _____

All requirements for certification as a PADI Open Water Diver have been met.

Instructor Signature _____ # _____ Date _____ / _____ / _____