



FILL OUT THE BLACK BOX PORTION ONLY - MAKE SURE YOUR DOB IS FILLED OUT CORRECTLY

Student Name _____

Birth Date ____ / ____ / ____ Sex M F
Day Month Year

Mailing address _____
Street

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 ____ / ____ / ____
Day Month Year

Phone Home (____) _____
 Fax (____) _____

Email _____

PADI Instructor _____

Signature _____

PADI No. _____ Dive Center/Resort No. _____

Date ____ / ____ / ____
Day Month Year

Phone Home (____) _____
 Fax (____) _____

Email _____

- When referring a PADI Scuba Diver/Open Water Diver student:
- Fill in the diver and PADI Instructor information and note appropriate areas of training completed.
 - Attach a copy of the diver's PADI Medical Statement to this form.
 - Advise the diver of the need for a photo for certification card processing.
 - 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.

A. CONFINED WATER DIVES

	Date Completed Day / Month / Year	Instructor** Initials	PADI #
CW 1*	____ / ____ / ____	____	# ____
CW 2	____ / ____ / ____	____	# ____
CW 3	____ / ____ / ____	____	# ____
CW 4	____ / ____ / ____	____	# ____
CW 5	____ / ____ / ____	____	# ____

*DSD with all CW Dive 1 skills = Open Water Diver CW Dive 1

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 ____ / ____ / ____
Day Month Year

****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.**

B. KNOWLEDGE DEVELOPMENT

Course option: RDP Table eRDP_ML Computer only

	Date Completed Day / Month / Year	Completed KR	Passed Quiz/Exam	Viewed Open Water Video	Instructor** Initials	PADI #
Section 1	____ / ____ / ____	<input type="checkbox"/>	____	<input type="checkbox"/>	____	# ____
Section 2	____ / ____ / ____	<input type="checkbox"/>	____	<input type="checkbox"/>	____	# ____
Section 3	____ / ____ / ____	<input type="checkbox"/>	____	<input type="checkbox"/>	____	# ____
Section 4	____ / ____ / ____	<input type="checkbox"/>	____	<input type="checkbox"/>	____	# ____
Section 5	____ / ____ / ____	<input type="checkbox"/>	____	<input type="checkbox"/>	____	# ____
OR eLearning Quick Review	____ / ____ / ____	<input type="checkbox"/>	____	<input type="checkbox"/>	____	# ____

(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 ____ / ____ / ____
Day Month Year

C. OPEN WATER DIVES

	Date Completed Day / Month / Year	Instructor** Initials	PADI #		Date Completed Day / Month / Year	Instructor** Initials	PADI #
Dive 1	____ / ____ / ____	____	# ____	Dive 3	____ / ____ / ____	____	# ____
Dive 2	____ / ____ / ____	____	# ____	Dive 4	____ / ____ / ____	____	# ____

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

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

(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 ____ / ____ / ____
Day Month Year

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 ____ / ____ / ____
Day Month Year

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 ____ / ____ / ____
Day Month Year

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

Instructor Signature _____ # _____ Date ____ / ____ / ____
Day Month Year