



STUDENT NAME: _____

Please initial each skill in which you feel that you have received adequate training:

1. _____ Assembly of dive equipment
2. _____ Adjustment and releases of equipment
3. _____ Mask clearing both in confined and open water
4. _____ Regulator clearing both in confined and open water
5. _____ Regulator exchange in both confined and open water
6. _____ Neutral buoyancy fin pivot and hovering
7. _____ Removal and replacement of equipment
8. _____ Buddy breathing with octopus (alternate air source) in both confined and open water
9. _____ Emergency swim ascent with instructor
10. _____ Simulated out of air and free flow regulator
11. _____ I have performed tired diver tow
12. _____ Snorkel clearing in both confined water and open water
13. _____ Introduction to compass both on the surface and in the water
14. _____ I have performed a 225 yard surface swim and 10 minute water tread
15. _____ I have performed cramp removal (simulated) in open water
16. _____ I have been instructed of the advantages of advance training, CPR training and First Aid
17. _____ I can use Repetitive Dive Tables and understand how to increase my personal safety when using it (added safety stops, slower rates of ascent, staying away from the depth / time limits)
18. _____ I understand neutral buoyancy, and I know how to inflate my BCD and / or remove my weight system for positive flotation on surface in an emergency
19. _____ I understand to never inflate my BC on ascent
20. _____ I have participated in at least 4 Open Water Dives
21. _____ I own a logbook and I have logged all Open Water Dives (minimum of 4)

Student statement: I understand the training requirements of 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 (6) months. I understand that my instructor agrees to go over any of these skills for my safety, well-being and comfort in diving. I agree to abide by NAUI / PADI Safe Diving Practices. U also understand that DAN insurance coverage is a protection that my assist me with both financial protection and in receiving medical assistance.

Student Signature: _____

Date: _____

Witness or Parent: _____