

B. Knowledge Development

Course option: ☐ RDP Table ☐ eRDP_{ML} ☐ Computer only

Student Name _____ Birth Date _____ Day/Month/Year

Mailing address _____ Sex ☐ M ☐ F

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.

PADI Instructor _____ Signature _____
PADI No. _____ Dive Center/Resort No. **24256** Date _____
Phone Home **(+65) 6698 6902** **(+65) 9114 6917** Day/Month/Year
Email **gary@gs-diving.com** **www.gs-diving.com**

PADI Instructor _____ Signature _____
PADI No. _____ Dive Center/Resort No. _____ Date _____
Phone Home (____) _____ Fax (____) _____ Day/Month/Year
Email _____

Note: Attach additional sheet for other PADI Instructor information if necessary.

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 #		Date Completed Day / Month / Year		Instructor** Initials PADI#	
CW 1*	___ / ___ / ___	___	#	CW 4	___ / ___ / ___	___	#
CW 2	___ / ___ / ___	___	#	CW5	___ / ___ / ___	___	#
CW 3	___ / ___ / ___	___	#				

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

Waterskills Assessment

Date Completed Day / Month / Year	Instructor** Initials	PADI #	Date Completed Day / Month / Year	Instructor** Initials	PADI #
200 metre/yard Swim OR 300 metre/yard Mask/Snorkel/Fin Swim			Skin Diving Skills		
_____ / _____ / _____	_____	# _____	_____ / _____ / _____	_____	# _____
10 Minute Survival Float*			Dry Suit Orientation		
_____ / _____ / _____	_____	# _____	_____ / _____ / _____	_____	# _____

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)*
 _____/_____/_____ # _____

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

All Confined Water Dives listed above and the 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.**

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

(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

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

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 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 ____/____/____