

PADI Open Water Diver Course Record and Referral Form

Student Name _____ Birth Date _____ Day/Month/Year _____ Sex M F

Mailing address _____ State/Province _____

City _____ Zip/Postal Code _____

Country _____ Business (____) _____

Phone Home (____) _____

Fax (____) _____ Email _____

All PADI Instructors who initial this document must complete an identification section below.

PADI Instructor _____ Signature _____

PADI No. _____ Dive Center/Resort No. _____ Date _____ Day/Month/Year _____

Phone No. (____) _____ Fax No. (____) _____

Email Address _____

PADI Instructor _____ Signature _____

PADI No. _____ Dive Center/Resort No. _____ Date _____ Day/Month/Year _____

Phone No. (____) _____ Fax No. (____) _____

Email Address _____

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

- 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 module 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

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

All Confined Water Dives listed above and the Watermanship Assessment have been completed.

Instructor Signature _____ PADI # _____ Date _____ / _____ / _____

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

B. Knowledge Development

Date Completed Day/Month/Year	Completed KR	Passed Quiz/Exam	Viewed Open Water Video / CD-ROM	Instructor** Initials	PADI #
Mod 1 _____ / _____ / _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	# _____	_____
Mod 2 _____ / _____ / _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	# _____	_____
Mod 3 _____ / _____ / _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	# _____	_____
Mod 4 _____ / _____ / _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	# _____	_____
Mod 5 _____ / _____ / _____	<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 _____ / _____ / _____

Dive Flexible Skills

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

- | Completed
on | Instructor**
Initials | PADI# |
|-------------------------------------|--------------------------|---------|
| 1. Cramp Removal | Dive # _____ | # _____ |
| 2. Tired Diver Tow | Dive # _____ | # _____ |
| 3. Surface Swim with Compass | Dive # _____ | # _____ |
| 4. Snorkel/Regulator Exchange | Dive # _____ | # _____ |
| 5. Remove /Replace Scuba (surface) | Dive # _____ | # _____ |
| 6. Remove/Replace Weights (surface) | Dive # _____ | # _____ |
| 7. CESA (Dive 2, 3 or 4) | Dive # _____ | # _____ |
| 8. UW Compass Navigation | 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 _____ / _____ / _____

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 _____ / _____ / _____	# _____	_____

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).

Instructor Signature _____ # _____ Date _____ / _____ / _____

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

Instructor Signature _____ # _____ Date _____ / _____ / _____