



# Open Water Diver Course Student Training Record

## Student

FIRST NAME	MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS OR PO BOX			DATE OF BIRTH
CITY	STATE/PROV	POSTAL CODE	COUNTRY
PHONE	EMAIL		

## Instructor 1

FIRST NAME	MIDDLE INITIAL	LAST NAME	INSTRUCTOR NO.
DIVE CENTER NAME			FACILITY NO.
PHONE OR EMAIL			

## Instructor 2

FIRST NAME	MIDDLE INITIAL	LAST NAME	INSTRUCTOR NO.
DIVE CENTER NAME			FACILITY NO.
PHONE OR EMAIL			

List additional instructors, if any, on a separate sheet

## Knowledge Development

Development Area	Date	Instructor Initials	Instructor Number
<input type="checkbox"/> Online Course <input type="checkbox"/> DVD/Manual/Study Questions			
<input type="checkbox"/> Rapid Exam <input type="checkbox"/> Standard Exam			

**Instructor Statement:** "On the date(s) listed, this student met all of the requirements for academic knowledge development as described in the NASE Open Water Diver course standards. The student's