

DDI Pro Training Record

DDI Pro Candidate Name _____ E-mail _____

Prerequisite Verification

By/Initial

1. Certified as a Divemaster, equivalent or higher in current **active status**. _____
2. Submitted medical examination stating fit for diving within past 12 months. _____
3. Submitted proof of first aid and CPR training within past 12 months. _____
4. Submitted signed DDI Membership Agreement _____
5. Submitted signed Safe Diving Practices Agreement _____
6. Submitted signed Liability Release and Assumption of Risk _____

Training Completion Verification

Date

By/Initial

1. Presentation: Welcome and Course orientation _____
2. Presentation: Working with disabled student divers _____
3. Review: Medical information _____
4. Review: DDI General Standards and procedures _____
5. Review: DDI Website and certification procedures _____
6. Confined Water Training including mastery of all required skills _____
7. Workshop: Open Water Training _____

DDI Instructor Trainer Statement

I certify the above named DDI Pro Candidate has completed all training segments as outlined in the DDI Pro Training Course Outline and the candidate complies with all requirements for certification.

Full Name (please print) and DDI #

Signature and date

DDI Pro Candidate Statement

I acknowledge that I have completed all above portions of the DDI Pro Training course and I have been given all required materials including the DDI Instructor Manual.

Full Name (please print)

Signature and date