



**Oakville Divers**  
**Advanced Diver Course Record**  
(STUDENTS COPY)

Diver Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*Please document all areas covered and have your instructor sign each section.  
(This form is also available in the blue PADI logbook)*

**Advanced Module 1:** \_\_\_\_\_ Deep Dive (required for Advanced Diver certification)

Coursework Completion Date: \_\_\_\_\_ Textbook  Video  Discussion

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Dive Completion Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

**Advanced Module 2:** \_\_\_\_\_ Navigation Dive (required for Advanced Diver certification)

Coursework Completion Date: \_\_\_\_\_ Textbook  Video  Discussion

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Dive Completion Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

**Advanced Module 3:** \_\_\_\_\_

Coursework Completion Date: \_\_\_\_\_ Textbook  Video  Discussion

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Dive Completion Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

**Advanced Module 4:** \_\_\_\_\_

Coursework Completion Date: \_\_\_\_\_ Textbook  Video  Discussion

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Dive Completion Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

**Advanced Module 5:** \_\_\_\_\_

Coursework Completion Date: \_\_\_\_\_ Textbook  Video  Discussion

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Dive Completion Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

I verify that I have completed all of the Performance Requirements for the PADI Advanced Open Water Diver Course.

Student Signature: \_\_\_\_\_

Student's Advanced Certification #: \_\_\_\_\_

Retain this form for your personal records