



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

Scuba Skills Update Completion Record

Academic Sessions Completed

Skill Evaluations

Student Initials

Date (DD/MM/YY)

Instructor Initials

MySSI Pro Number

- Dive Briefing
- Dive Planning
- Entries and Exits
- Buoyancy Check with a Total Diving System
- Controlled Descent
- Mask Clearing
- Regulator Clearing (Purge and Exhale)
- Regulator Retrieval (Arm Sweep and Alternate)
- Stationary Air Sharing
- Neutral Buoyancy (Diving Position)
- Controlled Ascent With A Buddy
- Air Sharing Ascent
- Emergency Ascent Skills
- Equipment Care
- Debriefing/ Dive Log

Pool/Confined Water Skills

Student Initials

Date (DD/MM/YY)

Instructor Initials

MySSI Pro Number

Open Water Dive (Optional)

Student Initials

Date (DD/MM/YY)

Instructor Initials

MySSI Pro Number

Open Water Dive (Optional)

Student Initials

Date (DD/MM/YY)

Instructor Initials

MySSI Pro Number

Student has successfully completed all Academic Sessions and all Skill Evaluations. Student has met all requirements for certification in this SSI program. Student reaffirms that they will comply with the SSI Responsible Diver Code for all dives.

Student Signature

Date (DD/MM/YY)

Instructor Name (PRINTED)

Date (DD/MM/YY)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)

Instructor Signature

MySSI Pro Number