



GLOBAL REFERRAL FORM

Scuba Diving International, 18 Elm Street, Topsham ME 04086
 Phone: 207-729-4201 ♦ Fax 207-729-4453 ♦ Email worldhq@tdisdi.com

STUDENT INFORMATION:

(Please Print)

Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Phone: _____ Fax: _____
 Email: _____ Birth Date: ____/____/____
 Age: _____ Sex: M_____, F_____

ORIGINAL INSTRUCTOR:

Facility Name: _____ Phone: _____
 Instructor Name: _____ # _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Phone: _____ Fax: _____
 Email: _____

I agree that the above named student has successfully fulfilled all of the academic and confined water requirements for SDI's Open Water Scuba Diving course. As indicated by the signature below I believe the student is mentally and physically prepared to participate in open water training.

Instructor Signature: _____ Completion Date ____/____/____

Check List for Original Instructor:

- _____ A copy of the student's Medical History must accompany this referral form.
- _____ A Signed and Completed SDI Scuba Diver Referral Form.
- _____ Remind student to take along his/her diver logbook and dive computer.

Expiration Date: Valid for 6 Months from completion date

The Global Referral Form can also be found in the SDI Dive Log Book



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EVALUATING OPENWATER INSTRUCTOR

Dear evaluating instructor,

The SDI referral program is designed to allow ANY active instructor* to evaluate the Open Water skills and performance of a referring student. (*An active instructor refers to any instructor that is affiliated with an international recognized dive training agency). We appreciate your assistance with my student referral. Please review the list of required student skills, dives and instructor pre-requisites before the start of the open water evaluating process.

Evaluating Instructor must:

- _____ • Be an Active Instructor with an internationally recognized training agency.
- _____ • Review students' Medical History Form.
- _____ • Have referring student sign your facility's waiver and release form.
- _____ • Evaluate & initial all the required open water skills and dives listed on the back on this form.
- _____ • Sign this referral form.
- _____ • Give the original referral form to student, and retain a copy of this form for your records.

Thank you for your professional expertise and cooperation.

DO NOT INCLUDE THIS PAGE



**CERTIFIED
SCUBA DIVER**

TEMPORARY C-CARD

EVALUATING OPENWATER INSTRUCTOR MUST INITIAL EACH SKILL WHEN COMPLETED

• Scuba System

___ Assembly & Disassembly

• Pre-Dive Check

___ Self & Buddy

___ Underwater Communication

• Computer Use

___ Reading & Understanding Gauges

• Regulator Use

___ Clearing & Recovery

• Mask Clear at Depth

___ Partial

___ Full

• BCD

___ Auto & Oral Inflation

• Entries (Demonstrate 2 types of entries)

_____,

• Buoyancy Control

___ Hovering

___ Controlled Ascents

___ Controlled Descents

• Weight System Adjustment

___ Removal & Replacement

• Out of Air Emergencies

___ Alternate Air Source

___ Share Air with Buddy while making a controlled ascent

___ Swimming ascent

• Rescue Techniques

___ Tired Diver Tow

___ Cramp Relief

Open Water Training	Dive 1	Dive 2	Dive 3	Dive 4
Date (mm/dd/yy)				
Performance				
Student Initials				
Instructor Initials				

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PASS:

I _____, verify that all of the required open water
(Print Name of Evaluating Instructor)
dives and skills for SDI's Open Water Scuba Diving Course have been
successfully performed by the student.

_____, # _____
(Signature of Evaluating Instructor) Instructor #

_____, Date: ____/____/____
Agency Month Day Year

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INCOMPLETE:

THIS ORIGINAL FORM IS TO BE GIVEN BACK TO THE STUDENT, IN ORDER FOR THE STUDENT TO RECEIVE THE FINAL CERTIFICATION FROM THEIR INSTRUCTOR.