



SSI Referral Form

THIS FORM IS VALID FOR 30 DAYS FROM THE DATE THE INITIATING INSTRUCTOR SIGNS THE FORM.

STUDENT INFORMATION:

Name: _____ Address: _____
 City: _____ St/Prov: _____ Zip/Postal Code: _____
 Email: _____ Date of Birth: ___/___/___ Height: _____ Weight: _____ Male Female
 In Case of Emergency Contact: _____ Phone #s: W () _____ H () _____

PART 1 — INITIATING INSTRUCTOR

"This is to certify that I am an active Instructor and that this student has satisfactorily completed all required classroom and pool/confined water training and passed their exam, and, in my opinion, is comfortable and ready for open water training."

Date Training Completed: ___/___/___ Exam Score: _____
 Initiating Instructor Name: _____ Number: _____
 Dive Center Name: _____
 Address: _____
 City: _____ St/Prov: _____ Zip/Postal Code: _____
 Phone: () _____ Fax: () _____ Email: _____
 Initiating Instructor Signature: _____ Date: ___/___/___

— DIRECTIONS —

1. Student must complete classroom and pool training and the written exam.
2. **Medical History:**
 - a. Include a copy of the student's *Medical History* form in the SSI Referral Packet.
 - b. If student's condition required a *physician's approval*, enclose a copy in the Packet.

PART 2 — REFERRAL INSTRUCTOR

DIRECTIONS

1. **Review Medical History form.** Enclosed in the SSI Referral Packet.
2. **Sign a Waiver and Release of Liability form.** Use the form that is provided by your Dive Center/Resort.
3. On each training dive:
 - a. **Conduct Required Skills.** See the SSI Referral Program manual and the Skills Information sheet.
4. After all training dives have been completed successfully:
 - a. **Sign This Form.** See below.
 - b. **Put Original In Student's SSI Referral Packet.**
 - c. **Keep Yellow Copy For Your Records.**
 - d. **Issue an SSI Temporary Card.**

OPEN WATER TRAINING RECORD

	DIVE #1	DIVE #2	DIVE #3	DIVE #4	DIVE #5
DATE					
STUDENT					
INSTRUCTOR					

PASS: "I verify that this student has performed the required skills satisfactorily in the open water."
 NOT PASS: _____

REFERRAL INSTRUCTOR NAME (PLEASE PRINT) _____ INSTRUCTOR NUMBER _____ AGENCY _____ REFERRAL INSTRUCTOR SIGNATURE _____

This form was developed for conducting referral training in accordance with the SSI Referral Program.

White Copy: Initiating Instructor Yellow Copy: Referral Instructor