



DIVEMASTER CANDIDATE INFORMATION AND EVALUATION FORM

Note to instructor: This form is for your records. Please do *not* forward it to your PADI Office.

Personal Information

Name _____
First Initial Last

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Phone (day) (_____) _____ Phone (evening) (_____) _____

Email _____ Birth Date _____
Day/Month/Year

Emergency Contact Name and Telephone _____ (_____) _____

Prerequisites and Administration

	Verified by	PADI No.
18 years or older	_____	_____
Advanced Open Water or qualifying certification from another training agency	_____	_____
Rescue Diver or qualifying certification from another training agency	_____	_____
Medical Statement	_____	_____
Statement of Understanding	_____	_____
Liability Release (Statement of Risks – UK)	_____	_____
20 logged dives	_____	_____
Course fees paid	_____	_____
Two photos received	_____	_____

Certification Requirements

60 logged dives	_____	_____
Current CPR	_____	_____
Current First Aid	_____	_____

Knowledge Development

	Verified completed and reviewed	PADI No.
Emergency Assistance Plan	_____	_____
Knowledge Review 1	_____	_____
Knowledge Review 2	_____	_____
Knowledge Review 3	_____	_____
Knowledge Review 4	_____	_____
Knowledge Review 5	_____	_____
Knowledge Review 6	_____	_____
Knowledge Review 7	_____	_____
Knowledge Review 8	_____	_____
Knowledge Review 9	_____	_____

Exams	Score	Verified by	PADI No.
Physics	_____	_____	_____
Physiology	_____	_____	_____
Equipment	_____	_____	_____
Decompression Theory and RDP	_____	_____	_____

Exams continued	Score	Verified by	PADI No.
Dive Skills and Environment	_____	_____	_____
Divemaster Conducted Programs	_____	_____	_____
Supervising Certified Divers	_____	_____	_____
Supervising Students	_____	_____	_____

Waterskills and Stamina	Score	Verified by	PADI No.
400 metre/yard swim	_____	_____	_____
15 minute float/tread	_____	_____	_____
800 metre/yard snorkel swim	_____	_____	_____
100 metre/yard diver tow	_____	_____	_____
Total (min. 12)	_____	_____	_____

Rescue Assessment _____ Verified adequate _____ PADI No. _____

Demonstration Quality Skills _____ **Verified by** _____ **PADI No.** _____

Part One

Mask remove/replace (score of 4 or higher required) _____

Part Two – Skill Evaluation _____ **Total Score** _____ **Verified by** _____ **PADI No.** _____

Attach Skill Development Score Sheet

Practical Application

Required Training Exercises

Mapping Project	Score _____	Verified adequate _____	PADI No. _____	Date _____
Equipment Exchange	Score _____	Verified _____	PADI No. _____	Date _____
Divemaster Conducted Programs	Score _____	Verified adequate _____	PADI No. _____	Date _____

Internship (Option 1)	Score	Verified by	PADI No.	Date
Confined Water – Open Water Diver Course	_____	_____	_____	_____
Confined Water _____	_____	_____	_____	_____
Confined Water _____	_____	_____	_____	_____
Confined Water _____	_____	_____	_____	_____
Confined Water _____	_____	_____	_____	_____
Open Water – Open Water Diver Course	_____	_____	_____	_____
Open Water – Continuing Education Course	_____	_____	_____	_____
Open Water _____	_____	_____	_____	_____
Open Water _____	_____	_____	_____	_____
Open Water _____	_____	_____	_____	_____
Certified Divers in Open Water	_____	_____	_____	_____

Practical Training Exercises (Option 2)	Score	Verified by	PADI No.	Date
Certified Divers in Open Water	_____	_____	_____	_____
Confined Water – Open Water Diver Course	_____	_____	_____	_____
Open Water – Open Water Diver Course	_____	_____	_____	_____
Open Water – Continuing Education Course	_____	_____	_____	_____

Note: To complete training the candidate either completes all portions of the Internship or all the Practical Training Exercises.