



IANTD STUDENT REFERRAL FORM

IANTD World Headquarters

1545 NE 104 Street Miami Shores, FL 33138-2665

Phone: (305) 754-1027 Fax: (509) 355-1297

IANTD COURSE _____

Form Date ____ / ____ / ____
Month Day Year

This form is valid for 6 months. The student must complete the Open Water training no later than the form expiration date. If the form expires, retraining must occur prior to participation in the Open Water dives necessary for certification.

All Information Is Required – No Exceptions. Thank you.

Student Name _____ M/F (Sex) ____ Birth Date ____ / ____ / ____
Month Day Year
City / Town _____
Mailing Address _____
State / County _____ Zip / Postal Code _____ Country _____
E-mail _____ Work Phone () _____ - _____ Home Phone: () _____ - _____

Section 1: To be completed by initial IANTD Instructor.

"I certify that this student has satisfactorily completed all academic training as required by the IANTD Standards. This student is ready for participation in the required Open Water dives. I am an IANTD Teaching-status Instructor in good standing".

Instructor First Name _____ Instructor Last Name _____ IANTD # _____
City / Town _____
Mailing Address _____
State / County _____ Zip / Postal Code _____ Country _____
Home Phone () _____ - _____ Business Phone () _____ - _____ Cell. Phone () _____ - _____
Academic Training Completion Date ____ / ____ / ____ E-mail: _____
Month Day Year
Instructor Signature: _____ Today's Date ____ / ____ / ____
Month Day Year

Section 2: To be completed by the IANTD or PADI Instructor conducting Open Water dives.

"I have accepted the student named on this form for Open Water evaluation as outlined in the IANTD / PADI Standards. This student has completed the required dives and is ready to be certified. I am an IANTD/PADI Teaching-status Instructor in good standing".

Instructor First Name _____ Instructor Last Name _____ IANTD # / PADI # _____
City / Town _____
Mailing Address _____
State / County _____ Zip / Postal Code _____ Country _____
Home Phone () _____ - _____ Business Phone () _____ - _____ Cell. Phone () _____ - _____
Open Water Training Completion Date: ____ / ____ / ____ E-mail: _____
Month Day Year
Instructor Signature: _____ Today's Date: ____ / ____ / ____
Month Day Year

Note: The Student Referral Form is retained by the Instructor conducting the Open Water training. A copy must be submitted to the initial instructor, who must then send a copy to IANTD HQ.