

**SCUBA EDUCATORS INTERNATIONAL
STUDENT CERTIFICATION FORM**

TYPE OF CERTIFICATION (Course Name) _____

COURSE DATE(S) – LOCATION

Starting Date (mm/dd/yy) _____ Ending Date _____ Course Hours _____

Training Location City _____

State _____ Country _____

Training Site _____

INSTRUCTOR (and Certified Staff)

Name _____ ID # _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____ Email _____

Staff _____ (I, AI, DM) Name _____ ID# _____

Staff _____ (I, AI, DM) Name _____ ID# _____

I certify that the participants listed on the attached roster(s) have completed all requirements for certification and I am certified and qualified to teach this program:

Instructor's Signature **X** _____ Date _____

PARTICIPANTS

SEI Diving Certifications: Total number of persons = _____ X \$15.00 = \$ _____ Certification Fee

Additional CMAS fees: Total number of persons = _____ X \$25.00 = \$ _____ CMAS Fee

Number of roster pages attached _____ = \$ _____ **Total Fees**

FEES FOR DIVER CERTIFICATION

PAYMENT OPTIONS:

Check # _____ (Payable to Scuba Educators Inter.) Visa Master Card Discover AM Express

Credit Card Acct.# _____ Expiration Date (mm/yy) _____

Card Holders Name _____ Security Code # _____

Card address if different from above _____

CARD HOLDERS SIGNATURE **X** _____ Date _____

Send payment and original copy of this form to:

Scuba Educators International, 1623 W. Jackson Street, Muncie, IN, USA 47303
or **Fax to: 765-288-1297**