

# FULL FACE MASK TRAINER STUDENT RECORD SUBMISSION FORM

IMPORTANT - This form must be completed, signed, and submitted with your class roster. Rosters submitted without this form will be returned to the instructor, and their students' certificates will be invalid.

## SECTION I

### REVIEW OF FULL FACE MASK TRAINER REQUIREMENTS

According to the Full Face Mask Trainer Agreements, I am required to:

- 1) Maintain certification in CPR and First Aid.
- 2) Be an active member of a recognized public safety agency and teach only those who are also active members of public safety agencies and at least 18 years of age.
- 3) Ensure that liability insurance coverage is provided through the sponsoring department while working within the scope of employment for said department. When teaching outside of your sponsoring agency, a written waiver is required from Dive Rescue International. A request for a waiver should be sent to Dive Rescue International.

I hereby state that I clearly understand these requirements as they are outlined in the Full Face Mask Trainer Agreements. If requested by Dive Rescue International, I further understand that it will be my responsibility to provide proof that I am in compliance with these requirements.

\_\_\_\_\_  
Full Face Mask Trainer Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION II

### FULL FACE MASK STUDENT SKILLS VERIFICATION AND CERTIFICATES

Only students who successfully demonstrate the skills listed on the Student Skills Verification form may be awarded the Full Face Mask Certificates.

I understand the above stated policy on the required skills of Full Face Mask students and issuing certificates. The roster I have enclosed is a comprehensive list of students who have successfully completed Full Face Mask program requirements. If a student's class performance was not acceptable, I have noted this on the roster. I will promptly notify Dive Rescue International of any re-tested students who pass the program at a later date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit the following to Dive Rescue International, 201 North Link Lane, Suite A, Fort Collins, CO 80524-2712:**

- Complete Student Records Submission Form
- Full Face Mask Class Roster
- Emergency Action Plan

**Please KEEP the following for your records:**

- Copy of the Full Face Mask Class Roster
- Copy of the Student Records Submission Form
- Student Exams
- Program Evaluations
- Liability Release and Express Assumption of Risk
- Statement of Understanding
- RSTC Medical Form