



PROFESSIONAL STATEMENT OF UNDERSTANDING

FOR THE CANDIDATE OF ANY PROFESSIONAL PROGRAM

INTENT AND METHODS

This Statement of Understanding is to provide candidates with their responsibilities while participating in an SSI Professional program. The purpose of the program is to prepare qualified candidates the necessary training to become an SSI Professional.

CANDIDATE TRAINING & EVALUATIONS

- SSI candidates will be evaluated on their ability to perform as an SSI Professional in a competent and professional manner.
- SSI candidate training or evaluations are based on objective and subjective criteria by the qualified evaluating SSI Professional.
- SSI candidates are expected to be at their best, competent and professional at all times during training or the evaluation.
- Attendance in training or an evaluation does not guarantee successful completion or certification.
- SSI candidates who do not pass a course or an evaluation will be required to participate in additional training and/or evaluation(s).
- Additional training and/or evaluation(s) may include additional costs to the candidate.

PROFESSIONAL LIABILITY INSURANCE (WHERE REQUIRED BY LOCAL LAW)

- Where required, all active SSI Professionals are responsible for acquiring professional liability insurance.
- All active SSI Professionals are responsible to provide to SSI proof of their professional liability insurance, with Scuba Schools International listed as an additional insured, prior to any supervision of divers.
- No person shall represent themselves as an active SSI Professional without possessing professional liability insurance, with Scuba Schools International listed as an additional insured, in countries where applicable, and on file at SSI.
- Failure of the SSI Professional to meet these liability insurance responsibilities may result in immediate revocation of SSI Professional certification and liability of the dive professional for any damages to SSI due to failure to fulfill the aforementioned professional liability insurance requirements.

CANDIDATE RESPONSIBILITIES

- Show proof of certifications and/or the required number of dives to enter the selected program and the total number of hours to exit the program (SSI Training Standards).
- Submit a current and approved SSI Medical signed by a licensed physician (practitioner).
- Use an SSI Total Diving System appropriate for the selected training and being a professional.
- Submit proof of current CPR, First Aid and Emergency Oxygen Administration certifications.
- Submit a professional and current digital photograph of the candidate's face.
- Candidate must be at least 18 years of age unless otherwise specified in the program-specific standards.
- Ability to perform all SSI required skills.
- Attend all scheduled classes and dives. Make up any absences or the need for additional training and evaluations.
- Complete all assignments and submit all required documentation as scheduled.
- Pay all program fees as scheduled.
- Remain with the assigned dive partner and/or the group during all training dives.
- Be aware of all safety considerations for one's self, dive partner and others during all training dives and/or evaluations.
- Perform all skills as required, but do not attempt any skill or dive that candidates do not feel fully capable of doing safely.
- At all times during the program candidates are responsible for their safety and the safety of dive partner(s).
- Be professional, physically, mentally and medically fit, prepared and prompt for all program activities.
- Understand the program schedule may change without warning. Be prepared to adapt as a professional.
- Refrain from mind-altering beverages and contraindicated drugs before and during all training.

SSI CERTIFICATION

- Complete all prerequisites as described on this form and in the SSI Training Standards.
- Successfully complete and pass all training requirements and written tests for the selected program.
- Submit all documentation, proof of insurance (where required) and fees required for the level of SSI training successfully completed.
- Maintain Active status with SSI, possess professional liability insurance (if required) with SSI named as an additional insured at all times while supervising certified divers.

As an SSI Professional candidate, I agree to fulfill all responsibilities and requirements as described above. Furthermore, I understand my participation in this program does not guarantee successful completion or certification and that it is my responsibility to successfully complete all requirements before being considered for certification. I have had the opportunity to ask questions to clarify any elements above that I did not understand.

Candidate Name

Candidate Signature

Date (DD/MM/YY)