

# Certified Hyperbaric Technologist®

## Transcutaneous Oxygen Monitoring Module Form

National Board of Diving & Hyperbaric Medical Technology  
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I, the undersigned, can confirm that \_\_\_\_\_  
has successfully completed the National Board of Diving & Hyperbaric Medical Technology transcutaneous oxygen monitoring required, as outline on pages 10-15 of the hyperbaric technology resource manual ([www.nbdhmt.org](http://www.nbdhmt.org)).

A completed copy of the SAMPLE TCOM COMPETENCY SKILLS CHECKLIST (downloadable from the Resource Manual, pages 14-15, is attached.

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Preceptor Information

CHT/CHRN Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Facility Affiliation: \_\_\_\_\_  
Website Address \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_  Verification Complete  Approved  Declined