

Application for CHT Category A and/or Category B Credits

No reference may be made to the NBDHMT or its accreditation system prior to actual notification that course has been approved. Do not state "approval applied for," or similar words during your course preparation. Printed publicity for a program granted approval by NBDHMT should be presented in the following form: "THIS PROGRAM HAS BEEN REVIEWED AND APPROVED BY THE NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY FOR CATEGORY A / B CREDITS"

National Board of Diving & Hyperbaric Medical Technology
9 Richland Medical Park, Suite 440, Columbia, SC 29203 USA
Phone: (803) 434-7802 Fax: (866) 451-7231
Email: nbdhmt@aol.com
www.nbdhmt.org

Program Description

Title: _____

Date(s) of Course: _____ Credit Hours Requested: _____

If the program is to be repeated or regularly scheduled, please list all scheduled dates for the calendar year

Location(s) of Course: _____

Responsible Organization: _____

Program Director: _____

Address: _____

Contact Person: _____ Telephone: _____ E-mail: _____

Submit the Following: You may provide an electronic version.

Speaker C.V.'s

Related Disclaimers and any potential conflicts of interest

Course outline (topic, timeframe, presenter)

Lecture handouts

Speaker critiques

Course critique

Examination and answer key

Sample certificate of completion

Required Accompanying Accreditation Statement

For CHT recertification purposes, the NBDHMT requires a minimum of nine of the minimum 12 required Category A credits relate directly to any combination of hyperbaric operations, related technical aspects and chamber safety.

Fee:

\$10.00 per contact hour per year (or part thereof)

1 year

2 years

3 years

Payment

Check or Money Order payable to NBDHMT

Credit Card

Visa

Mastercard

Card Number: _____ Expiration Date: _____ CVC: _____

Cardholder Name: _____ Zip Code: _____

For Office Use Only:

_____ The above listed program is approved for _____ hours of category "A" and/ or _____ hours of category "B" credits

_____ The above listed program is not approved. Reason(s) are listed in the attachment.

Approval Signature: _____ Date: _____