

Certified Hyperbaric Registered Nurse® Recertification Form

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

Date of Application: _____ CHRN Number: _____ Date of Initial Certification: _____

Last Name: _____ First Name: _____ Date of Birth: _____
Name as it appears on your government issued I.D.

Home Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Fax: _____

Email: _____

Recertification - Certified Hyperbaric Registered Nurse® attach written verification of:

- CHRN Admin: See Nursing Resource Guide
- Current valid Registered Nurse licence in the state where you practice and certification of Basic Life Support.
- Letter of recommendation from the Manager/Medical Director including validation of hyperbaric experience (minimum of 1 year hyperbaric experience with a minimum of 480 hyperbaric hours in the last 12 months).
- Proof of a minimum of (40) CEUs (total) within the past 4 years. A minimum of (20) CEUs MUST be Category "A" in hyperbaric oxygen therapy field.

RNs who currently have their CHRN® may apply for advances (ACHRN® or CHRNC®). In addition to the requirements of recertification (CHRN®) listed above, the following criteria must be met to achieve advanced certification and to maintain that level of achievement.

ACHRN® Certification - Advanced Certified Hyperbaric Registered Nurse® attach written verification of:

- CHRN Admin: See Nursing Resource Guide
- Proof of a minimum of 60 CEUs (total) within the past 4 years. A minimum of 30 CEUs MUST be Category "A" in hyperbaric oxygen therapy field.
- Minimum of 3 years experience in the field of hyperbaric medicine.

Provide written verification of **at least 2** of the following:

- Contributes to the administrative activities of the Hyperbaric Unit/Department (per Manager/Supervisor).
- Teaches classes or presents lectures on hyperbaric medicine.
- Provides primary responsibility for planning/coordinating nursing care for patients undergoing hyperbaric oxygen therapy.
- Active participant in the Baromedical Nurses Association and/or Undersea and Hyperbaric Medical Society as an officer or committee member.

CHRNC® Certification - Certified Hyperbaric Registered Nurse Clinician® attach written verification of:

- CHRN Admin: See Nursing Resource Guide
- Master's Degree in Nursing or a Master's Degree in health related area from an accredited academic program.
- Proof of a minimum of 60 CEUs (total) within the past 4 years. A minimum of 30 CEUs MUST be Category "A" in hyperbaric oxygen therapy field.
- Minimum of 5 years experience in the field of hyperbaric medicine.

Provide written verification of **at least 3** of the following:

- Responsible for administrative activities and nursing care activities of the Hyperbaric Unit/Department.
- Speaker at national/regional hyperbaric conferences and workshops.
- Contributes to the production of hyperbaric materials for national/regional distribution, i.e. journal articles, manuals, videos, etc.
- Active participant in the Baromedical Nurses Association and/or Undersea and Hyperbaric Medical Society as an officer or committee member.
- Principle investigator or co-investigator in published hyperbaric or related research.

Recertification Fees

BNA Member (\$150.00 USD): _____

UHMS or ACHM Member (\$200.00 USD): _____

Non-Member of BNA, UHMS, OR ACHM (\$250.00 USD): _____

Additional, Reinstatement to Active Status (\$100.00): _____

Total Due: _____

Recertification is required every four years and should be received by the National Board of Diving and Hyperbaric Medical Technology before expiration date. If CHRN® certification is lapsed, recertification may be obtained by submitting the recertification requirements above and lapse will also incur a restatement fee of \$100.00 USD added to recertification fees listed to the left. No member discounts will be applied.

Please see Resource manual for more information.

Payment

Check or Money Order payable to NBDHMT Credit Card Visa Mastercard

Card Number: _____ Expiration Date: _____ CVC: _____ Zip Code: _____

For Office Use Only: Date Received: _____ Payment Enclosed Payment Cleared Data

Consumer Authorization

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; or criminal/ civil/driving record history. I understand that General Information Services, Inc., on behalf of **National Board of Diving and Hyperbaric Medical Technology (NBDHMT)** may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with **NBDHMT's** consideration of my certification and recertification through NBDHMT, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

Communications with General Information Services, Inc. should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

CANDIDATE TO COMPLETE THE FOLLOWING:

Signature

Today's Date

Please Print Full Name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day, and Year of Birth

Social Security Number

Home Address, City, State, Zip

Have you ever been convicted of a crime? Yes No If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by NBDHMT by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.