

Certified Hyperbaric Technologist® Preceptorship Notification Form

National Board of Diving & Hyperbaric Medical Technology
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I, the undersigned, have agreed to precept _____
in accordance with the National Board of Diving & Hyperbaric Medical Technology's supervised clinical internship requirements.

I hereby attest that I have reviewed the 'Clinical Internship in Hyperbaric Technology' requirements, as outline on pages 5-9 of the Hyperbaric Technology Resource Manual (www.nbdhmt.org).

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