

Certified Hyperbaric Technologist® Recertification Form

Please include the following documentation with completed recertification form and return to NBDHMT headquarters.

- Proof of a minimum of 24 CEU hours within the past 2 years (A minimum of 12 CEUs MUST be Category "A").
- Payment to NBDHMT of the total amount due as calculated below.

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

CHT® Number: _____

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

Home Address: _____

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

Country: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Work Fax: _____

Email: _____

Recertification Type

CHT® CHT-ADMIN

* The requirements to show proof of 24 CEU hours, and verify 100 clinical work hours are waived, when applying to recertify as a CHT-ADMIN. No Background verification required.

CHT-ADMINS: must include resume or C.V. with this application

Recertification Fees

Recertification Fee (\$75.00 USD): _____

CHT Expiration Fee (\$100.00 USD): _____

Background Verification Fee (\$25.00 USD): _____ \$25.00

Total Due: _____

Criminal background check is required for all applicants for CHT status. Fees associated with this background verification are the responsibility of the CHT applicant.

Recertification is required every two years. If CHT certification lapses, certification may be obtained within one year from date of expiration. However, an additional fee of \$100.00USD is charged.

If CHT certification has lapsed greater than one year, those CHT's who have maintained certification or licensure in a qualifying pathway may recertify by retaking the CHT examination. All others will be required to begin an entirely new certification application.

Payment

Check or Money Order payable to NBDHMT Credit Card Visa Mastercard

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Zip Code: _____

For Office Use Only:

Date Received: _____

Payment Enclosed

Payment Cleared

Background Verification Complete

Data1

Data2

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; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of **National Board of Diving & 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.

NOTE: A felony conviction will disqualify the applicant for a minimum of five (5) years from completion of sentence.

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

CANDIDATE COMPLETE THE FOLLOWING:

Signature

_____ 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

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes 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 are 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 (INSERT COMPANY NAME) 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.



National Board of Diving & Hyperbaric Medical Technology

Code of Conduct

The NBDHMT **Code of Conduct** represents a set of rules that collectively serve to outline the responsibilities of or proper practices for each Certified Hyperbaric Technologist.

Statement:

As a NBDHMT Certified Hyperbaric Technologist I, the undersigned, acknowledge and agree to honor my obligation to serve the highest standards of ethical conduct, integrity, and honesty. Further I agree that in the performance of my duties:

- i. I will conduct myself in a manner that reflects positively on the NBDHMT and the hyperbaric medicine discipline in general
- ii. I will refrain from behavior that harms the public and professional perception of the NBDHMT and the hyperbaric medicine discipline in general
- iii. I will conduct my employment consistent with all applicable rules, regulations and laws which health care providers in general and hyperbaric medicine personnel in particular are subject
- iv. I have read all of the NBDHMT published '*Position Statements*', understand their intent, and commit to remaining current as new '*Position Statements*' are promulgated
- v. I will promote adherence to all relevant facility and patient safety aspects described within the NBDHMT's '*Position Statements*'

Name: _____ Date: _____

Signature: _____ CHT #: _____

Email: _____



National Board of Diving & Hyperbaric Medical Technology

Certified Hyperbaric Technologist Recertification Verification Letter

Re: _____
(CHT NAME)

This letter serves to verify that the above referenced CHT has met or exceeded the minimum of 100 clinical work hours required for recertification; as noted below.

- A. Total hours* _____
**Verifiable from operational logs, patient treatment records and human resources payroll data.*
- B. This CHT has has not] accrued some or all of these hours as a hyperbaric chamber inside attendant.
- C. This CHT is currently employed in either the aviation/hyperbaric medicine/undersea medicine setting. Their job description/scope of practice is available to the NBDHMT upon request. Actual employment status is noted below.
 Full Time Part time PRN
 Not currently employed in one of the above three settings. (Please explain)

- D. This CHT does]* does not] continue to maintain their CHT qualifying pathway requirement.
**A copy of their current Q.P. certificate/license is enclosed with this letter*
- E. This CHT's accumulated continuing education credits were obtained from the following (check all that apply)
 Internet-assessable NBDHMT approved content
 Attendance at meetings/conferences
 Related course work
 Other: (please describe) _____

F. Current place of employment _____

G. Supervisor's information _____

Name: _____ Signature: _____

Title: _____ Contact number: _____

Email: _____ Date: _____