

Diver Medic Certification® Form

Please forward the following items with your completed application form to NBDHMT headquarters.

- 'Fitness to Work in Pressurized Settings' medical clearance.
- Copy of your DOT/NHTSA approved emergency medicine certificate or National Registry EMT, or higher, certificate.
- Diving medicine course completion certificate.
- Diving medicine course instructor evaluation.

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

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

Date of Birth: _____

Home Address: _____

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

Country: _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **Work Fax:** _____

Email: _____

Facility (Organization) _____
City: _____ **State:** _____

Fees

DMT® Certification Fee (\$125.00 USD):

Recertification is required every two years. If DMT certification lapses, certification may be obtained within one year from date of expiration. An additional fee of \$50.00USD is charged. Maintenance of EMT, or higher, status is required for recertification

If DMT certification has expired for more than one year, applicant must begin a new application and retake certification exam.

Payment

Credit Card Mastercard Visa

Check or Money Order payable to NBDHMT

Card Number: _____ **Expiration Date:** _____ **CVC:** _____

Cardholder Name: _____ **Zip Code:** _____

For Office Use Only:

Date Received: _____ Payment Enclosed Payment Cleared