

# Application for Diving Medical Technician Training Course Approval

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 course granted approval by NBDHMT should be presented in the following form: "THIS COURSE HAS BEEN REVIEWED AND APPROVED BY THE NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY AS A DMT TRAINING COURSE."

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:** \_\_\_\_\_

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:** Either hard copy or electronically is accepted.

- |  |   |
|--|---|
| <input type="checkbox"/> Speaker C.V.'s  | <input type="checkbox"/> Speaker critiques                |
| <input type="checkbox"/> Related disclaimers and any potential conflicts of interest | <input type="checkbox"/> Course critique                  |
| <input type="checkbox"/> Course outline (topic, timeframe, presenter)                | <input type="checkbox"/> Examination and answer key       |
| <input type="checkbox"/> Lecture handouts  | <input type="checkbox"/> Sample certificate of completion |

## Course Application Fee

- \$100.00 - 1 Year approval period     \$175.00 - 2 Year approval period     \$250.00 - 3 Year approval period

## 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 course is provisionally approved as a Diving Medical Technician Training Course.

\_\_\_\_\_ The above listed course is approved as a Diving Medical Technician Training Course.

\_\_\_\_\_ The above listed course is denied Board approval for reason(s) noted in the attachment.

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_