



Facility/Instructor Evaluation



National Board of Diving & Hyperbaric Medical Technology
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The National Board of Diving & Hyperbaric Medical Technology desires to maintain a high level of quality in its approved programs. As a previous or recent trainee, you can help us by giving your opinion of each instructor's skills, as well as the organization and conduct of the course. Please be fair and balanced in your comments. If more than one instructor participated in your course, please make it clear which comments apply to each instructor.

Course Location: _____ Dates Attended: _____

Name: _____ Email: _____

1. Describe the classroom setting and its suitability for teaching & audio visual presentations: _____

- Working deck decompression chamber
- Training only decompression chamber
- Transfer under pressure chamber
- Saturation diving capable chamber
- Research facility chamber
- Clinical hyperbaric medicine chamber
- Other: If other, describe: _____

- BIBS
- Peripheral IV
- IV & IM Injections
- Foley Catheter
- Physical Exam
- Neurological Exam
- Other: If other, describe: _____

4. Was the chamber pressurized during your chamber skills training? Yes NO

5. Taken as a whole, what is your opinion of the course? _____

6. What were each instructors' best areas? _____

7. Were there any areas that could stand improvement? _____

Any additional comments please list below: _____

Please list instructor(s) below. Thank you for your valuable feed back

Instructor _____ Instructor _____ Instructor _____

Instructor _____ Instructor _____ Instructor _____