

Certified Diver Medic[®] Recertification Form



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

- Medical 'Fitness to Work in Pressurized Settings' medical clearance
- 24 CEU's related to emergency related training/education;
- 24 hours of diving medicine/other emergency related experience.
- Current EMT or higher documentation

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

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

DMT Number: _____ **Date of Birth:** _____

Home Address: _____

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

Country: _____

Home Phone: _____ **Email:** _____

Number of injured divers you have attended to in previous two years 1 2 3 4 5 or more

Fees

DMT[®] Re-certification Fee (\$75.00 USD): _____

Total Due: _____

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.

If DMT certification has been expired for more than one year, applicant must retake certification exam.

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