

Certified Diver Medic Technician

DMT Use Agreement



National Board of Diving & Hyperbaric Medical Technology
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As a certified DMT, I understand that I am allowed protection under U.S. law in the administration of Basic Life Support.

I further understand that I am legally allowed to use Advanced Life Support Techniques only when I am operating under direct, or standing, orders from my employer and my employer's full-time or retained diving medical physician, or when I am in direct telephone contact during an emergency with a Divers Alert Network (DAN) recognized diving medical physician.

I also understand that my DMT training is oriented toward the field management of diving accidents and, without further training, does not qualify me to work in a clinical hyperbaric medicine facility unless I am there to assist in the treatment of an injured diver.

I, _____ hereby certify that I understand the statement
Print Name as it appears on your government issued I.D.
and limitations above.

Signature: _____

Date: _____ **Social Security #** _____
where issued

Date of Birth: _____ **E-mail:** _____

Training Facility: _____

Instructor Name: _____