

Certified Diver Medic® Instructor Recertification Form



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

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

- Clinical Experience and Case Management (Section – 1)
- Teaching Activities (Section – 2)
- Professional Development (Section – 3)
- Updated Course Curriculum

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

Institution / Affiliation: _____

Home Address: _____

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

Country: _____

Home Phone: _____ Work Phone: _____

Email: _____

DMT Instructors are required to re-certify every two years. Recertification is based upon teaching activities and documentation of continuing education. Each DMT Instructor will be provided with appropriate compilation forms, to document re-certification requirements. These forms, and a \$300.00 re-certification fee, should be forwarded to Board Headquarters 30 days prior to the recertification date.

DMT® Instructor Fee: \$300.00

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:

Date Received: _____ Payment Enclosed Payment Cleared

National Board of Diving & Hyperbaric Medical Technology
Diver Medic Instructor
Recertification Documentation

Name: _____ DMT Instructor No.: _____ Year: _____

Section 3: Professional Development

DATE	Program Title	Location	Sponsor	Hours

*Please make copy of registration receipt.