Retroactive Continuing Education Application

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

- Copy of course outline
- Attendance certificate, if provided
- $12.00 fee per contact hour

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.

Certification #: _____ **Date of Birth:** _____

Home Address: _____

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

Country: _____

Telephone: _____ **Email:** _____

Program Description

Program Title: _____

Dates: _____ **Location (city/state):** _____

Sponsoring Organization: _____

Program Director: _____

Format: ☐ Live presentations ☐ DVD/CD ☐ Web-based ☐ Other _____

Should NBDHMT invite this organization to apply for CEU Credits for future programs? ☐ YES ☐ NO

Were other organizations providing credits? ☐ YES ☐ NO

Name of Organization: _____

Number of credits allowed: _____

Contact Person: Name & Address: _____

Telephone: _____

I certify that I attended _____ number of hours pertinent to Undersea and Hyperbaric Medicine.

Signature: _____ **Date:** _____

Fee

$12.00 per contact hour (min. 50, max. 60 minutes)

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