

Course Approval Application: Category A and/or Category B Credits

No reference may be made to the NBDHMT or its accreditation system prior to actual notification that course has been approved. Do not state "approval applied for," or similar words during your course preparation. Printed publicity for a course granted approval by NBDHMT should be presented in the following form: "THIS COURSE HAS BEEN REVIEWED AND APPROVED BY THE NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY."

National Board of Diving & Hyperbaric Medical Technology
P O Box 758 Pelion, SC 29123 USA Phone: (888) 312-2770
Fax: (866) 451-7231
Email: nbdhmt@aol.com
www.nbdhmt.org

Program Description

Title: _____

Date(s) of Course: _____ Credit Hours Requested: _____

If the program is to be repeated or regularly scheduled, please list all scheduled dates for the calendar year

Location(s) of Course: _____

Responsible Organization: _____

Program Director: _____

Address: _____

Contact Person: _____ Telephone: _____ E-mail: _____

Submit the Following: You may provide an electronic version.

- | | |
|--|---|
| <input type="checkbox"/> Speaker C.V.'s | <input type="checkbox"/> Speaker critiques |
| <input type="checkbox"/> Related Disclaimers and any potential conflicts of interest | <input type="checkbox"/> Course critique |
| <input type="checkbox"/> Course outline (topic, timeframe, presenter) | <input type="checkbox"/> Examination and answer key |
| <input type="checkbox"/> Lecture handouts | <input type="checkbox"/> Sample certificate of completion |

Fee:
\$15.00 per contact hour per year (or part thereof) 1 year 2 years 3 years

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::

_____ The above listed course is approved for _____ hours of category "A" and _____ hours of category "B" credits

_____ The above listed course is not approved. Reason(s) _____

_____ The above listed course is provisionally approved with changes listed in the attachment

Approval Signature: _____ Date: _____