

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
P O Box 758 Pelion, SC 29123 USA Phone: (888) 312-2770
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