

# Diver Medic Certification® Form

Please forward the following items with your completed application form to NBDHMT headquarters.

- 'Fitness to Work in Pressurized Settings' medical clearance.
- Copy of your DOT/NHTSA approved emergency medicine certificate or National Registry EMT, or higher, certificate.
- Diving medicine course completion certificate.
- Diving medicine course instructor evaluation.

National Board of Diving & Hyperbaric Medical Technology  
P O Box 758 Pelion, SC 29123  
Phone: (888)321-2770  
Fax: (866) 451-7231  
Email: nbdhmt@aol.com  
www.nbdhmt.org

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

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Facility (Organization) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## Fees

DMT® Certification Fee (\$125.00 USD):

Recertification is required every two years. If DMT certification lapses, certification may be obtained within one year from date of expiration. An additional fee of \$50.00USD is charged. Maintenance of EMT, or higher, status is required for recertification

If DMT certification has expired for more than one year, applicant must begin a new application and retake certification exam.

## Payment

Credit Card  Mastercard  Visa

Check or Money Order payable to NBDHMT

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_  Payment Enclosed  Payment Cleared