

Certified Diver Medic Technician



Clinical Hours

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

Supervisor Name: _____

Telephone: _____ E-mail: _____

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

Company Affiliation: _____

Facility Type

- Emergency Room
- Ambulance
- Clinic
- Other Describe: _____

Date(s) Served: _____

What clinical and invasive procedures were practiced?

Based on what was observed, please comment on the DMT's working knowledge and practical skills.

Signature of Supervisor: _____ Date: _____

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Essential and Valuable Skills



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Essential Invasive Skills (*Required for DMT certification*)

1. Intravenous access
 - a. Fluid infusions
 - b. Drug administration
 - c. Blood draws
2. Intramuscular injection
3. Subcutaneous injection
4. Insertion of urinary catheter
5. Insertion of nasogastric/orogastric tube
6. Manual or battery powered oropharynx/orogastric suction
7. Airway control; one or more of the following:
 - a. Laryngeal mask airway
 - b. Pharyngeal-tracheal lumen
 - c. Endotracheal intubation
 - e. Needle cricothyroidotomy
8. Chest decompression capability; one or both of the following:
 - a. Pneumothorax needle
 - b. Chest tube
9. Basic Life Support

Valuable Optional Skills (*Not required for DMT certification*)

1. Use of the 'Easy IO Drill'
2. Simple suture repairs or alternate of wound closure option, eg:
 - a. Dermagel / Dermabond
 - b. Quickclot
 - c. Celox gauze
3. Splinting of simple dislocations and fractures
4. Advanced Cardiac Life Support
5. CO₂ scrubber installation for chamber under pressure
6. Operation of a CO₂ analyzer