

# Certified Diver Medic® Recertification Form



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

- Medical 'Fitness to Work in Pressurized Settings' medical clearance
- 24 CEU's related to emergency related training/ education;
- 24 hours of diving medicine/other emergency related experience.
- Current EMT or higher documentation

National Board of Diving & Hyperbaric Medical Technology  
P O Box 758, Pelion, SC 29123 USA  
Phone: (888) 321-2770 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.

DMT Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of injured divers you have attended to in previous two years  1  2  3  4  5 or more

## Fees

DMT® Re-certification Fee (\$75.00 USD): \_\_\_\_\_

Total Due: \_\_\_\_\_

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.

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

## 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