

# Facility/Instructor Evaluation

National Board of Diving & Hyperbaric Medical Technology  
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The National Board of Diving & Hyperbaric Medical Technology desires to maintain a high level of quality in its approved programs. As a previous or recent trainee, you can help us by giving your opinion of each instructor's skills, as well as the organization and conduct of the course. Please be fair and balanced in your comments. If more than one instructor participated in your course, please make it clear which comments apply to each instructor.

Course Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_

1. Describe the classroom setting and its suitability for teaching & audio visual presentations: \_\_\_\_\_

2. Describe the multiplace chamber type:  Working deck decompression chamber  Training only decompression chamber  
 Transfer under pressure chamber  Saturation diving capable chamber  
 Research facility chamber  Clinical hyperbaric medicine chamber  
 Other : If other, describe: \_\_\_\_\_

3. Check skills practiced / preformed in the chamber:  BIBS  Peripheral IV  IV & IM Injections  Foley Catheter  
 Physical Exam  Neurological Exam  
 Other: If other, describe: \_\_\_\_\_

4. Was the chamber pressurized during your chamber skills training?  Yes  NO

5. Taken as a whole, what is your opinion of the course ? \_\_\_\_\_

6. What were each instructors' best areas? \_\_\_\_\_

7. Were there any areas that could stand improvement? \_\_\_\_\_

Any additional comments please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list instructor(s) below. Thank you for your valuable feed back

Instructor \_\_\_\_\_ Instructor \_\_\_\_\_ Instructor \_\_\_\_\_  
Instructor \_\_\_\_\_ Instructor \_\_\_\_\_ Instructor \_\_\_\_\_