

Certified Hyperbaric Technologist® Transcutaneous Oxygen Monitoring Module Form

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

I, the undersigned, can confirm that; _____

has successfully completed the National Board of Diving & Hyperbaric Medical Technology transcutaneous oxygen monitoring required, as outline on pages 10-15 of the hyperbaric technology resource manual (www.nbdhmt.org).

A completed copy of the SAMPLE TCOM COMPETENCY SKILLS CHECKLIST (downloadable from the Resource Manual, pages 14-15, is attached.

Preceptor Signature _____

Date _____

Preceptor Information

CHT/CHRN Number: _____

Last Name: _____ First Name: _____

Work Phone: _____ Mobile Phone: _____

Email: _____

Facility Affiliation: _____

Website Address _____

For Office Use Only:

Date Received: _____

Verification Complete

Approved

Declined