

CEU Activity Approval Application: Category A/B

www.nbdhmt.org

National Board of Diving & Hyperbaric Medical Technology

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No reference may be made to the NBDHMT or its accreditation system prior to actual notification that course has been approved. Do not state "approval applied for," or similar words during your course preparation. Printed publicity for a course granted approval by NBDHMT should be presented in the following form: "THIS ACTIVITY HAS BEEN REVIEWED AND APPROVED BY THE NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY."

Return this form along with requested materials and payment by either mail or email. You may call in with credit card payment.

Activity Description

Title: _____

Date Presented: _____ Number of Credit Hours Requested: Category A _____ Category B _____

Location of Activity: _____

Responsible Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone: _____ Email: _____

Check off and attach the applicable materials to support this activity for CEU approval:

- ☐ Sign-in list of attendees who participated. Use legible full names
- ☐ Presenter(s) of activity C.V. (e.g. Safety Director, Medical Director or Representative)
- ☐ Handouts used, if applicable.
- ☐ Documented safety drill, if applicable. (Include length of time to physically conduct the hands-on drill)
- ☐ Inservice presentation, if applicable. (Include length of time for presentation including Q/A)
- ☐ Attach any other pertinent material utilized to support CEU approval, if applicable. (Pictures, video, articles etc.)
- ☐ Disclose disclaimers/potential conflicts of interest: _____
or if N/A then mark here ☐

Fee: \$15.00 per contact hour. CEUs expire two years from the date approved.

Payment

☐ Check or Money Order payable to NBDHMT ☐ Visa ☐ Mastercard ☐ Other: _____

Card Number: _____ Expiration Date: _____ CVC: _____

Cardholder Name: _____ Zip Code: _____

For NBDHMT Office Use Only:

_____ The above listed material is **approved** for: _____ hours of category A _____ hours of category B

_____ The above listed material is **not approved**. Reason(s) _____

_____ The above listed material is **provisionally** approved with changes listed in the attachment.

NBDHMT Approval Signature: _____ Date: _____