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NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY

Hyperbaric Facility Accreditation Application

Accreditation survey requests are welcomed and considered on an individual basis. Upon receipt of a completed application the National Board will undertake a review to determine if that facility meets accreditation survey criteria. Applicants will be notified of the National Board's decision within five (5) business days. If the decision is to accept the application, a $1,000.00 USD deposit is required to initiate the survey scheduling process. If the application is declined, the basis for this decision will be provided.

Information obtained from a completed application will allow the National Board to determine whether criteria to undertake an accreditation survey has been met, as well as survey team size and composition.

Facility Name

Address _____

_____

Website _____

Primary Contact Name

Title _____ Credentials _____

Telephone _____ Email _____

Program Details

Year hyperbaric program began _____

Hyperbaric Chamber Type

(Check all that apply)

☐ Multiplace How many? _____ Manufacturer(s) _____ NB# _____

☐ Duoplace How many? _____ Manufacturer(s) _____ NB# _____

☐ Monoplace How many? _____ Manufacturer(s) _____ NB# _____

Oxygen Compressed Monoplace ☐ Yes ☐ No

Service Type

24/7 Availability ☐ Yes ☐ No Hospital Affiliated ☐ Yes ☐ No Associated Wound Center ☐ Yes ☐ No

Treat Inpatient ☐ Yes ☐ No Hospital Based ☐ Yes ☐ No Free-Standing Building ☐ Yes ☐ No

Free-Standing Trailer or Vehicle Mounted ☐ Yes ☐ No

Hyperbaric Personnel

Number of **full-time** staff _____ Number of **part-time** staff _____

Number of attending/supervising hyperbaric **providers** **MD/DO** _____ **NP** _____ **Other** _____

List primary specialties of **providers**

Comments or Questions:

Clear Form