

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) 312-2770 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: _____

Mobile Phone: _____ Email: _____

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

MILITARY/ FEDERAL REQUIREMENTS

DMTs must perform duties as an inside tender or chamber operator on four (4) DCI, or simulated DCI, cases during each two-year recertification cycle.

Fees

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

Total Due: _____

Recertification is required every two years. If DMT certification lapses, it may be regained upon application within one year of expiration date. A late fee of \$50.00USD will be charged.

If DMT certification has lapsed for more than one year, applicants must submit a new application and retake the 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