



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)			
<input type="checkbox"/> Multiplace	How many?	Manufacturer(s)	NB#
<input type="checkbox"/> Duoplace	How many?	Manufacturer(s)	NB#
<input type="checkbox"/> Monoplace	How many?	Manufacturer(s)	NB#
Oxygen Compressed Monoplace <input type="checkbox"/> Yes <input type="checkbox"/> No			
Service Type			
24/7 Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital Affiliated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treat Inpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital Based	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Associated Wound Center	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Free-Standing Building	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Free-Standing Trailer or Vehicle Mounted	<input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<p>By checking this box, applicant agrees fee of \$1,000.00 is due upon application acceptance and survey fee of \$5,500.00 is due 30 days prior to scheduled site visit.</p> <p><i>Optional:</i> If approved, applicant requests certificate be professionally framed and mounted for an additional \$125.00 fee including shipping.</p>			