



Coastal and Marine Laboratory
Academic Diving Program



Application for Scientific Diving Status

NAME: _____ DATE: _____

Anyone wishing to obtain Scientific Diver status under the auspices of FSU must have the appropriate prerequisites and qualifications. Divers may be evaluated for their fitness and ability to dive. This evaluation will be conducted by arrangement with the University Diving Officer or his designee. Scientific divers completing this process meet the requirements of AAUS and the [FSU Standards for Scientific Diving](#). The evaluation may include the following:

| | Date/ By |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Review of Diving Credentials: | |
| a) Diving Questionnaire completed. | _____ |
| b) Waiver forms completed | _____ |
| c) Certifications copied | _____ |
| Written Exam: | |
| a.) Grade _____% (minimum passing score 80%) b.) Corrected and discussed with candidate | _____ |
| Medical Evaluation: | |
| a.) Forms discussed with candidate | _____ |
| b.) Medical approval received | _____ |
| c.) Any physical limitations discussed with candidate NONE | _____ |
| Confined Water Skills Evaluation: (Scheduled <u>AFTER</u> passing written exam, and receiving medical clearance) | |
| a.) <u>Swimming Skills Evaluation</u> (Without the use of swim aids) | |
| 1. Swim underwater for 75 feet on one breath without surfacing or using swim aids | _____ |
| 2. Swim 400 yards using at least 2 strokes in 12 minutes or less | _____ |
| 3. Tread water for 10 minutes (last 2 minutes with no hands) | _____ |
| 4. Transport a person of equal size 75 ft. at the surface without using swim aids. | _____ |
| b.) <u>Skin Diving Skills Evaluation</u> | |
| 1. Using only mask, snorkel & fins, surface dive to 10 ft., recover a 6 lb. weight, return to surface, and clear snorkel using only one breath. | _____ |
| c.) <u>SCUBA Skills Evaluation (Skills Performed at the Surface)</u> | |
| 1. Perform water entry wearing full SCUBA equipment. | _____ |
| 2. Establish positive and neutral buoyancy | _____ |
| 3. Alternate between snorkel and SCUBA while kicking | _____ |
| 4. Swim 400 yards wearing full SCUBA breathing only through snorkel. | _____ |
| 5. Recover and surface an unconscious, non-breathing diver, and perform rescue breathing while towing to exit point. | _____ |
| 6. Perform ladder exit wearing full SCUBA | _____ |
| d.) <u>SCUBA Skills Evaluation (Skills Performed While Submerged)</u> | |
| 1. Establish neutral buoyancy | _____ |
| 2. Remove, replace and clear face mask of water. | _____ |
| 3. Remove, relocate and clear regulator | _____ |
| 4. Buddy breathe as both the donor and recipient, with and without face mask. | _____ |
| 5. Remove and replace all equipment underwater | _____ |
| 6. Simulate a swimming free ascent (CESA) | _____ |
| 7. Properly use underwater signs and signals for: OK, up, down, low on air, out of air, buddy breathe, help, look and any other requested by evaluator. | _____ |

Open-Water Skills Evaluation: (As described in FSU Standards, Section 4.23)
I have performed each of the skills listed above. I have been advised of any deficiencies and encouraged to seek additional training in identified areas of weakness.

CANDIDATE SIGN _____ DATE _____

The above listed person has satisfactorily demonstrated proficiency in each of the above skill areas.

Watermanship: POOR GOOD EXCELLENT
Judgment POOR GOOD EXCELLENT

EVALUATOR (Print) _____ (Sign) _____ DATE _____

Scientific Diver's Introduction to the ADP System

(To be completed by University Diving Officer or designee)

DATE/BY

- a.) FSU regulations and administration reviewed.
- b.) Dive log system reviewed
- c.) Equipment checkout procedure reviewed.
- d.) The Diving Seminar reviewed
- e.) Special restrictions and waivers reviewed
- f.) AAUS 100 hour training standard reviewed
- g.) Depth certification restrictions reviewed
- h.) Risk management training
- i.) Compressed-gas cylinder hazmat training
- j.) BLS CPR for the Healthcare Professional
- k.) Diving First Aid
- l.) Oxygen Administration

If the evaluator or the Diving Officer find the candidate lacking in any particular area, he/she will be advised to get additional training either through the Academic Diving Program or elsewhere prior to certification. **If the candidate passes the evaluation, that person will be granted a DIVER-IN-TRAINING status, and will be allowed to dive no deeper than 30 feet and under the immediate direction and presence of an ACTIVE diver for no more than 12 months.**

I have discussed, understand, and agree to follow the AAUS Standards for Scientific Diving, the FSU/ADP's Standard Operating Procedures, and the associated administrative forms with the University's Diving Officer or his designee.

CANDIDATE SIGN _____ **DATE** _____

The person named on this document is granted status as a Scientific **DIVER IN TRAINING**

UNIVERSITY DIVING OFFICER _____ **DATE** _____

“ACTIVE” Science Diver status is available to “Divers in Training” status divers who complete 12 dives with an Active Scientific Diver and complete 100 hours of training beyond basic SCUBA certification. Criteria for such training is located in the FSU Standards for Scientific Diving. Training should be recorded on the Scientific Diver Training Record that follows.

Data entered into ADP Diving Information System by (print name) _____ **Date** _____



Coastal and Marine Laboratory
Academic Diving Program



ADP Diver Resume

Name _____ Program Entry Date _____ Date of Birth _____

Date of Last Physical _____ Date of Last Chest x-ray _____ Date of Last EKG _____

Are there any medical conditions that limit your diving? _____ Yes _____ No. If yes, explain on back of form.

Have you ever suffered a diving accident (hyperbaric trauma, gas embolism, decompression sickness)? If yes, explain on back of form.

Certifications:

Attach copies of certification cards or records of training, record agency, type, and year below

Basic diving certification _____ CPR _____ First Aid _____
 Oxygen Admin. _____ Specialty Certifications _____

Career Open-Water Dives (estimate):

Dives # Hours Max. Depth.(fsw) Date & Depth (fsw) of last dive _ Self-imposed depth limit ft.

Indicate your diving experience in each of the following categories:

E=Extensive (>20) Moderate (5-20) Limited (1-4) N=None

Diving From Vessels:

Small Boats (up to 20 ft) Vessels 21 – 100 ft Vessel >100 ft

Shore Diving:

Surf Coral Reef Diving
 Rocks or "Ironshore"
 Kelp Forest Diving Turbid Water (0-5' visibility)
 Very Clear Water (>50' vis.) Diving

Overhead Environments Diving:

Ice Diving Cave Diving Wreck Diving

Freshwater Diving:

Altitude (>2000') Diving Ponds, Lakes, Quarries River

Other:

Blue-Water Diving Diving EMT/Chamber Operator Saturation Diving
 Cold Water (<45°F) Diving Dry Suit Diving Surface-Supplied Diving
 Commercial/Military/Scientific Mud or Silt Bottom Diving Towed Diving
 Current (>½ knot) Diving Night Diving Saltwater Diving
 Decompression Diving Nitrox/Enriched Gas Diving

Research Diving Experience

Level of Experience _____ Examples of Research Diving Projects _____

I acknowledge that I have read and understand the FSU ADP Standards for Scientific Diving, and that the information that I have provided is accurate to the best of my knowledge.

Signature _____ Date _____

Witness: Name _____ Signature _____ Date _____



Coastal and Marine Laboratory
Academic Diving Program
 2035 E. Paul Dirac Dr., Suite 100 Tallahassee, FL 32306-2761
Diving Medical Exam



Overview for the Examining Physician :

_____ (Name of Diving Candidate) is required to have a medical examination to assess his/her fitness for certification as a Scientific Diver for The Florida State University Coastal and Marine Laboratory Academic Diving Program. His /her Diving Medical History (attached), may indicate potential health or safety risks. Your evaluation is requested on the attached SCUBA Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the physicians referenced on the attached list, all of whom have expertise in this area, or call the Academic Diving Program. Thank you for your assistance.

 University Diving Officer

 Date

SCUBA diving is an activity that can be strenuous and hazardous. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to readily equalize pressure. The most common cause of distress while diving is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability or physical fitness. Please consult the following list of conditions that usually restrict candidates from diving.

CONDITIONS THAT MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane (e.g., perforation, presence of a monomeric membrane, inability to autoinflate middle ears. [5,7,8,9]
2. Vertigo including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15,18,19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24-25]
7. Episodic loss of consciousness. [1, 26,27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29,30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29,30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29,30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts.[45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

LIST OF PHYSICIANS WITH TRAINING & EXPERTISE IN DIVING MEDICINE

Divers Alert Network
 Medical Information Line
 Phone: (919) 684-2948 Ext 222
 Available: Mon-Fri, 9 AM to 5 PM EST

William Kepper, MD
 1885 Professional Park Circle, Suite 30
 Tallahassee, FL 32308
 Phone: (850) 877-5143

George Tracy, MD
 Bay Medical Center
 615 Bonita Ave.
 Panama City, FL 32402-2513
 Phone: (850) 747-6000

Andrea Gabrielli, MD
 Shands Medical Center
 P.O. Box 100254
 Gainesville, FL 32610-025
 Phone: (352) 395-0463

SELECTED REFERENCES IN DIVING MEDICINE

(Most available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Association (UHMS), Bethesda, MD.

- DIVING MEDICINE, Second Edition, 1990. A. Bove and J. Davis. W.B. Saunders Company, Philadelphia
- DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1992. C. Edmonds, C. Lowery, J. Pennefather. Butterworth-Heinemann Ltd. Oxford
- MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, 1998. Alfred Bove (ed.). Medical Seminars, Inc. San Antonio, TX
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.
- SCUBA DIVING IN SAFETY & HEALTH, C.W. Deuker. Madison Publishing Associates, Diving Safety Digest, P.O. Box 2735, Menlo Park, CA 94026
- THE PHYSICIAN'S GUIDE TO DIVING MEDICINE, C.W. Shilling, C.B. Carlston, R.A. Mathias. Plenum Press, New York, NY
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.
- <http://www.diversalertnetwork.org/medical/articles/index.asp> : Alert Diver Magazine articles on diving medicine.



Coastal and Marine Laboratory
Academic Diving Program



Diving Medical History

(Please submit this form to the University Diving Officer)

____ Sex ____ Age ____ Weight ____ Height ____
 Name of Applicant (Print or Type)

____ / ____ / ____
 Sponsoring Dept./Project/Program/School, etc) Date (Mo./Day/Yr.)

TO THE APPLICANT:

Compressed-gas diving makes considerable demands on your physical and emotional condition. Diving with a particular defect is asking for trouble not only for yourself, but for anyone coming to your aid if you have difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or other training program. Your answers to the questions are often as important in determining your fitness as the physician's examination. You should give accurate information to ensure validity of the medical screening procedure.

Information on this form is confidential. If you feel that a question invades your privacy, you may skip it, provided that you subsequently discuss the matter with your own physician and he/she then indicates, in writing, that you have done so and that no health hazard exists.

Any condition you have that might make diving hazardous should be discussed with your physician. His/her written authorization will be required for further consideration of your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

| | Yes | No | Please indicate any conditions that apply to you | Comments |
|----|-----|----|-----------------------------------------------------------------------------------------|----------|
| 1 | | | Convulsions, seizures, or epilepsy | |
| 2 | | | Fainting spells or dizziness | |
| 3 | | | Been addicted to drugs | |
| 4 | | | Diabetes | |
| 5 | | | Motion sickness or sea/air sickness | |
| 6 | | | Claustrophobia | |
| 7 | | | Mental disorder or nervous breakdown | |
| 8 | | | Are you pregnant? | |
| 9 | | | Do you suffer from menstrual problems? | |
| 10 | | | Anxiety spells or hyperventilation | |
| 11 | | | Frequent sour stomachs, nervous stomachs or vomiting spells | |
| 12 | | | Had a major operation | |
| 13 | | | Presently being treated by a physician | |
| 14 | | | Taking any medication regularly (even nonprescription) | |
| 15 | | | Been rejected or restricted from sports | |
| 16 | | | Headaches (frequent and severe) | |
| 17 | | | Wear dental plates | |
| 18 | | | Wear glasses or contact lenses | |
| 19 | | | Bleeding disorders | |
| 20 | | | Alcoholism | |
| 21 | | | Any Problems related to diving | |
| 22 | | | Nervous tension or emotional problems | |
| 23 | | | Take tranquilizers | |
| 24 | | | Perforated ear drums | |
| 25 | | | Hay fever | |
| 26 | | | Frequent sinus trouble, frequent drainage from the nose, post-nasal drip or stuffy nose | |
| 27 | | | Frequent earaches | |
| 28 | | | Drainage from the ears | |
| 29 | | | Difficulty with your ears in airplanes or on mountains | |
| 30 | | | Ear surgery | |
| 31 | | | Ringing in your ears | |
| 32 | | | Frequent dizzy spells | |
| 33 | | | Hearing problems | |
| 34 | | | Trouble equalizing pressure in your ears | |

| | Yes | No | Please indicate whether or not the following apply to you | Comments |
|----|-----|----|-----------------------------------------------------------------------------------------------------|----------|
| 35 | | | Asthma | |
| 36 | | | Wheezing attacks | |
| 37 | | | Cough (chronic or recurrent) | |
| 38 | | | Frequently raise sputum | |
| 39 | | | Pleurisy | |
| 40 | | | Collapsed lung (pneumothorax) | |
| 41 | | | Lung cysts | |
| 42 | | | Pneumonia | |
| 43 | | | Tuberculosis | |
| 44 | | | Shortness of breath | |
| 45 | | | Lung problem or abnormality | |
| 46 | | | Spit blood | |
| 47 | | | Breathing difficulty after eating particular foods, after exposure to particular pollens or animals | |
| 48 | | | Are you subject to bronchitis | |
| 49 | | | Subcutaneous emphysema (air under the skin) | |
| 50 | | | Air embolism after diving | |
| 51 | | | Decompression sickness | |
| 52 | | | Rheumatic fever | |
| 53 | | | Scarlet fever | |
| 54 | | | Heart murmur | |
| 55 | | | Large heart | |
| 56 | | | High blood pressure | |
| 57 | | | Angina (heart pains or pressure in the chest) | |
| 58 | | | Heart attack | |
| 59 | | | Low blood pressure | |
| 60 | | | Recurrent or persistent swelling of the legs | |
| 61 | | | Pounding, rapid heartbeat or palpitations | |
| 62 | | | Easily fatigued or short of breath | |
| 63 | | | Abnormal EKG | |
| 64 | | | Joint problems, dislocations or arthritis | |
| 65 | | | Back trouble or back injuries | |
| 66 | | | Ruptured or slipped disk | |
| 67 | | | Limiting physical handicaps | |
| 68 | | | Muscle cramps | |
| 69 | | | Varicose veins | |
| 70 | | | Amputations | |
| 71 | | | Head injury causing unconsciousness | |
| 72 | | | Paralysis | |
| 73 | | | Have you ever had an adverse reaction to medication? | |
| 74 | | | Do you smoke? | |
| 75 | | | Have you ever had any other medical problems not listed? If so, please list or describe below; | |

Additional Comments (if more space required, use back of the form or a separate sheet of paper):

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature

Date

Witness Signature

Date

University Diving Officer Evaluation

I have reviewed this individual's Diving Medical History questionnaire and most recent Diving Medical Exam, and find that he/she has met the medical requirements of The Florida State University and the American Academy of Underwater Sciences. This person is eligible to engage in scientific diving under the auspices of FSU for no more than one year from the date below.

Signature

Date

GENERAL RELEASE AND WAIVER OF LIABILITY

(DIVER STATEMENT OF VOLUNTARY CONSENT)

In consideration of my participation in The Florida State University Academic Diving Program, and for other good and valuable consideration received by me, receipt of which is hereby acknowledged,

I _____, and in the event that the undersigned is under eighteen (18) years of age, the undersigned's parent and/or guardian having actual knowledge and conscious appreciation of the particular dangers involved in SCUBA DIVING and in the activities described herein, including, but not limited to: **COMPRESSED GAS DIVING**, do hereby volunteer consent to my participation in (or in the event the undersigned is under eighteen (18) years of age, the minor's parent and/or guardian), the aforementioned activity and assume the risks arising therefore, as well as hereby hold(s) harmless and release(s) and forever discharge(s) The Florida State University, The FSU Board of Trustees, the FSU Scientific Diving Control Board, the FSU University Diving Officer and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to The Florida State University and the FSU Board of Trustees, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them and their heirs, representatives, executors and administrators thereof, or any other persons acting in their behalf, or in behalf of their respective agents, have or may have against the said Board of Trustees of the Florida State University, or any or all of the aforementioned persons or their successors, by reason of any accident, illness, injury or death, or any other consequences arising or resulting directly or indirectly from participation in SCUBA DIVING under the auspices of The Florida State University, and occurring during said participation, or at any time subsequent thereto

I HEREBY further declare and represent that I am on notice, this being evidence and acknowledgment thereof, that The Florida State University has no medical insurance that covers me, or in the event the undersigned is under eighteen (18) years of age, that The Florida State University has no medical insurance that covers my minor child, and it has been strongly recommended to me that I or my minor child obtain medical insurance prior to the aforesaid SCUBA DIVING activities are performed.

FINALLY, I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on this ____ of _____, _____.

(WITNESS SIGNATURE)

(SIGNATURE OF STUDENT)

(WITNESS SIGNATURE)

(SIGNATURE OF PARENT OR GUARDIAN)



Coastal and Marine Laboratory
Academic Diving Program



Scientific Diving Training Record

All Scientific Divers are expected to be familiar with the [FSU Standards for Scientific Diving](#).

Name of Applicant _____

| Training Records | Date | By | Hrs |
|---------------------------------------------------------------------------------------|-------|-------|-------|
| Application for certification | _____ | _____ | _____ |
| Proof of diver-in-training permit level or its equivalent | _____ | _____ | _____ |
| Emergency Care Training (required) | _____ | _____ | _____ |
| CPR with AED (must be current) | _____ | _____ | _____ |
| Emergency oxygen administration (must be current) | _____ | _____ | _____ |
| First aid for diving accidents (must be current) | _____ | _____ | _____ |
| Risk Management | _____ | _____ | _____ |
| HazMat Training (within 90 days) For HP Cylinder Handlers / Fill Station Operators | _____ | _____ | _____ |

The diver must complete additional theoretical and practical training for a minimum of 100 hours. Theoretical aspects should include principles and activities appropriate to the intended area of scientific study. Some courses may be completed in a web-based format

Required Training* (include, but not limited to):

| | | | |
|-------------------------------------------------------|-------|-------|-------|
| Diving Emergency Care Training | _____ | _____ | _____ |
| • Recognition of DCS and AGE | _____ | _____ | _____ |
| • Accident Management | _____ | _____ | _____ |
| • Field Neurological Exam | _____ | _____ | _____ |
| Dive Rescue | _____ | _____ | _____ |
| Dive Physics | _____ | _____ | _____ |
| Dive Physiology | _____ | _____ | _____ |
| Dive Environments | _____ | _____ | _____ |
| Decompression Theory and its Application | _____ | _____ | _____ |
| AAUS Scientific Diving Regulations and History | _____ | _____ | _____ |
| Scientific Diving Planning | _____ | _____ | _____ |
| Coordination with other agencies | _____ | _____ | _____ |
| Appropriate Governmental Regulations | _____ | _____ | _____ |
| Scientific Method | _____ | _____ | _____ |
| Data Gathering Techniques (specific to area of study) | _____ | _____ | _____ |
| Chemical & Laboratory Safety | _____ | _____ | _____ |

Suggested Topics (include, but not limited to):

| | | | |
|-----------------------------------------------|-------|-------|-------|
| Specific Dive Modes (methods of gas delivery) | _____ | _____ | _____ |
| Open Circuit | _____ | _____ | _____ |
| Hookah | _____ | _____ | _____ |
| Surface-Supplied Diving | _____ | _____ | _____ |
| Small Boat Operation | _____ | _____ | _____ |
| Rebreathers | _____ | _____ | _____ |
| Closed | _____ | _____ | _____ |
| Semi-closed | _____ | _____ | _____ |
| Specialized Breathing Gases | _____ | _____ | _____ |
| Nitrox | _____ | _____ | _____ |
| Other Mixed Gas | _____ | _____ | _____ |
| Specialized Environments and Conditions | _____ | _____ | _____ |
| Blue Water Diving | _____ | _____ | _____ |

| | | | |
|------------------------------------------|-------|-------|-------|
| Ice and Polar Diving (Cold Water Diving) | _____ | _____ | _____ |
| Zero Visibility Diving | _____ | _____ | _____ |
| Contaminated Water Diving | _____ | _____ | _____ |
| Saturation Diving | _____ | _____ | _____ |
| Decompression Diving | _____ | _____ | _____ |
| Overhead Environments | _____ | _____ | _____ |
| Aquarium Diving | _____ | _____ | _____ |
| Night Diving | _____ | _____ | _____ |
| Kelp Diving | _____ | _____ | _____ |
| Drift Diving (Live-boating) | _____ | _____ | _____ |

| | | | |
|------------------------------|-------|-------|-------|
| Specialized Diving Equipment | | | |
| Full-face mask | _____ | _____ | _____ |
| Dry suit | _____ | _____ | _____ |
| Diver communications | _____ | _____ | _____ |

Academic Coursework

Coursework related to the individual's scientific training will be credited towards the 100-hour training standard for scientific divers. In the space below, provide an estimate of the hours accrued in scientific curricula, and provide an unofficial transcript to the UDO.

Hours of academic training _____ . _____

Examinations

1. Written examination Date _____ Score _____ By _____ Counseled to 100% _____
2. Examination of equipment
 - Personal diving equipment Date _____ By _____
 - Task specific equipment Date _____ By _____

Total hours of training _____ Date _____ By _____

Practical training

Scientific Diver in Training Status: An applicant achieves the minimum level of training and becomes a Scientific Diver in Training after completing all the above requirements plus a checkout dive evaluated by the UDO or qualified delegate.

Status achieved Date _____ By _____ Depth Certification _____ fsw

Certified Scientific Diver Status: An applicant becomes a fully certified Scientific Diver after completing a minimum of 100 hours of training and 12 ocean or open water dives supervised by a certified Scientific Diver (approved by the UDO) in a variety of dive sites and diving conditions, for a cumulative bottom time of 6 hours (dive logs should be submitted). Scientific divers should review their minimum annual activity requirements as well as the requirements to remain active in the FSU Scientific Diving Program. Violations of the Standards may result in the suspension of diving privileges.

Status achieved Date _____ By _____ Depth Certification _____ fsw

UDO or Designee Signature Date



Statement of Understanding

Scientific and Leadership Divers

I have read and understand the University policies and procedures as stated in the following documents:

General Release and Waiver of Liability Form

For Leadership Divers:

The FSU Academic Diving Program Standards for Diving Leadership

The YMCA Scuba Leadership Agreement of Ethical Practices

For Scientific Divers

The FSU Diving Control Board Standards for Scientific Diving and Operation of the Scientific Diving Program

I have read and had each of the above explained to me. All questions I may have had have been answered to my satisfaction. I agree to abide by the policies and conditions contained in these documents.

In addition, I agree to abide by the instructions given to me in the practical portion of the course including pool and open water sessions. I particularly understand that diving activity performed under the auspices of FSU is open-water diving and that when I am in open water environments I will not enter into caverns, caves, or any other overhead environment including shipwrecks. I further understand that failure to follow any of the policies established by the FSU Academic Diving Program, the FSU Academic Diving Control Board, or any of their administrative personnel or staff may lead to my suspension from diving activities or revocation of permission to dive under FSU auspices.

Finally, I understand that loss of University equipment or damage to University equipment may result in my being invoiced for the cost of replacement or repair of said equipment.

Name (print clearly)

Signature

Date

Witness Signature

Parent or Legal Guardian Signature
(If diver is under the age of 18)



Coastal and Marine Laboratory
Academic Diving Program



Diving Reciprocity

VERIFICATION OF DIVER TRAINING AND EXPERIENCE
SCIENTIFIC DIVER CERTIFICATION STATUS (AAUS and FSU Standards for Scientific Diving)

Diver:

Emergency Contact:

Name:

Relationship:

Telephone: (work)

(home)

Alternate Emergency Contact:

Greg Enterline, University Diving Officer

Phone: (work) 850-644-8299 (home) 850-656-5545 (fax) 850-644-8297 e-mail gpe05@fsu.edu

Diving Certification:

Agency

Date

Level

Scientific Diving Status: Incoming Diver Diver-In-Training Scientific Diver Expired/Inactive

Reciprocity: AAUS Other _____ **Depth Certification:** _____ FSW

| ITEM | DATE COMPLETED | EXPIRATION DATE | COMMENTS |
|-------------------------------------------|----------------|-----------------|--------------------------------------------|
| FSU WAIVERS | | | |
| DIVE PLAN APPROVED | | | |
| DIVING MEDICAL EXAM | | | |
| CPR TRAINING AND AGENCY | | | |
| DIVING FIRST AID TRAINING AND AGENCY | | | |
| OXYGEN ADMINISTRATION TRAINING AND AGENCY | | | |
| RISK MANAGEMENT | | | |
| HAZMAT TRAINING FOR CYLINDER HANDLER | | | |
| FSU ADP WRITTEN EXAM PASSED | | | |
| DIVING RESCUE & AGENCY | | | |
| WATER SKILLS EVALUATION | | | |
| DIVING EQUIPMENT SERVICE/ EXAM/TEST | N/A | | Uses FSU equipment, all in Current service |
| DATE OF LAST DIVE | | | |
| NUMBER OF DIVES LAST 12 MONTHS | | | |

Comments/restrictions:

Specialty Certifications:

| | | | |
|----------------------------------------|-----------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Dive Computer | <input type="checkbox"/> Altitude | <input type="checkbox"/> Dry Suit | <input type="checkbox"/> Diving Supervisor |
| <input type="checkbox"/> Nitrox | <input type="checkbox"/> Ice/Polar | <input type="checkbox"/> Rescue | <input type="checkbox"/> Commercial Task Management |
| <input type="checkbox"/> Mixed Gas | <input type="checkbox"/> Closed Circuit | <input type="checkbox"/> Dive Accident Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Night | <input type="checkbox"/> Blue Water | <input type="checkbox"/> Surface Supplied | <input type="checkbox"/> Other |

This diver is currently approved to dive as an ACTIVE SCIENTIFIC DIVER

University Diving Officer Signature _____ **Date**