

Application for Diving Medical Technician Training Course Approval

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 COURSE HAS BEEN REVIEWED AND APPROVED BY THE NATIONAL BOARD OF DIVING & HYPERBARIC MEDICAL TECHNOLOGY AS AN INTRODUCTORY COURSE IN HYPERBARIC MEDICINE."

National Board of Diving & Hyperbaric Medical Technology
9 Richland Medical Park, Suite 330, Columbia, SC 29203 USA
Phone: (803) 434-7802 Fax: (866) 451-7231
Email: nbdhmt@aol.com
www.nbdhmt.org

Program Description

Title: _____

Date(s) of Course: _____

If the program is to be repeated or regularly scheduled, please list all scheduled dates for the calendar year

Location(s) of Course: _____

Responsible Organization: _____

Program Director: _____

Address: _____

Contact Person: _____ **Telephone:** _____ **E-mail:** _____

Submit the Following: Either hard copy or electronically is accepted.

- | | |
|--|---|
| <input type="checkbox"/> Speaker C.V.'s | <input type="checkbox"/> Speaker critiques |
| <input type="checkbox"/> Related disclaimers and any potential conflicts of interest | <input type="checkbox"/> Course critique |
| <input type="checkbox"/> Course outline (topic, timeframe, presenter) | <input type="checkbox"/> Examination and answer key |
| <input type="checkbox"/> Lecture handouts | <input type="checkbox"/> Sample certificate of completion |

Course Application Fee

- \$100.00 for 1 Year approval period \$175.00 for 2 Year approval period
 \$250.00 for 3 Year approval period

Payment

- Check or Money Order payable to NBDHMT Credit Card Visa Mastercard

Card Number: _____ **Expiration Date:** _____

Cardholder Name: _____ **Zip Code:** _____

For Office Use Only:

_____ The above listed course is provisionally approved as a Diving Medical Technician Training Course.

_____ The above listed course is approved as a Diving Medical Technician Training Course.

The above listed program is _____disapproved, or _____approved with changes for _____hours of Category _____ credits, for the following reason(s)_____

Approval Signature:_____ Date:_____