

# Certified Diver Medic Certification<sup>®</sup> Form

Please include the following documentation with completed certification form and return to NBDHMT headquarters.

- Medical 'Fitness to Work in Pressurized Settings' medical clearance
- Emergency medicine training certificate or equivalent;
- Diving medicine course completion certificate;
- Course instructor evaluation.

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

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
Name as it appears on your government issued I.D.

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Facility (Organization)** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

## Fees

DMT<sup>®</sup> Certification Fee (\$125.00 USD): \_\_\_\_\_

Recertification is required every two years. If DMT certification lapses, certification may be obtained within one year from date of expiration. An additional fee of \$50.00USD is charged.

If DMT certification has been expired for more than one year, applicant must begin a new certification application and retake certification exam.

## Payment

Check or Money Order payable to NBDHMT     Credit Card     Visa     Mastercard

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_  Payment Enclosed     Payment Cleared