

Certified Hyperbaric Registered Nurse Exam Registration Form

You must register 60-days before your examination date.

Send proof of the following requirements, along with completed registration form, to NBDHMT headquarters.

- Current valid Registered Nurse license for the state where you practice and certification in Basic Life Support.;
- Minimum of two years clinical experience in an acute care, in-hospital setting or one year critical care experience;
- Completion of an entry level Hyperbaric Medicine course approved by the NBDHMT;
- Letter of recommendation from your Manager/Medical Director including validation of hyperbaric experience (minimum of one year hyperbaric experience with a minimum of 480 hyperbaric hours in last 12 months).

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

Testing Location (check one)

UHMS annual Scientific Meeting

UHMS Chapter Meeting (check one)

(Enclose Schedule)

Date, City, State _____

Great Lakes Chapter

Gulf Coast Chapter

Pacific Chapter

Mid-West Chapter

Northeast Chapter

REQUESTED EXAM LOCATION City, State _____

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

Social Security Number: _____ **OR** **Passport Number:** _____

Date of Birth: _____

Home Address: _____

City: _____ **State/Province:** _____ **Zip (Postal) Code:** _____

Country: _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **Work Fax:** _____

Email: _____

State Board of Nursing License #: _____

Hyperbaric/Undersea Med. Program Attended : _____ **Year:** _____

Present Institutional Affiliation: _____

Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

Registration Fee

*BNA Member (\$250.00 USD): _____

*BNA Non-Member (\$330.00 USD): _____

*Baromedical Nurses Association www.hyperbaricnurses.org

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

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

Payment

Check of 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 Exam Location