

Certified Diver Medic Certification® Form



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

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

- Medical "Fitness to Dive" certificate;
- Emergency medicine training certificate or equivalent;
- Diving medicine course completion certificate;
- Course instructor evaluation.

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: _____

Certification Type

DMT® Certification

Fees

DMT® Certification Fee (\$125.00 USD): _____

Total Due: _____

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