

Certified Diver Medic® Instructor Recertification Form

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

- Clinical Experience and Case Management (Section -1)
- Teaching Activities (Section- 2)
- Professional Development. (Section - 3)
- Updated Course Curriculum



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

Last Name: _____ First Name: _____

Name as it appears on your government issued I.D.

Institution or Affiliation: _____

Home Address: _____

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

Country: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Work Fax: _____

Email: _____

DMT® Instructor Fee: \$150.00

DMT Instructors are required to re-certify every two years. Re-certification is based upon teaching activities and documentation of continuing education. Each DMT Instructor will be provided with appropriate compilation forms, in order to document re-certification requirements. These forms, and a \$150.00 re-certification fee, should be forwarded to Board headquarters 30 days prior to the re-certification date.

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



Diver Medic Instructor Recertification Documentation

Name: _____ DMT Instructor No.: _____ Year: _____

Section 3: Professional Development

DATE	Program Title	Location	Sponsor	Hours

*Please make copy of registration receipt.

