

Undersea Hyperbaric Medical Society Hyperbaric Facility Accreditation



Surveyor Qualifications

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

What type of hyperbaric experience do you have? Multiplace Monoplace
 # of years: _____ # of years: _____

Certification and Membership

Qualifying certification: _____ Expiration: _____

Additional Hyperbaric Training (Safety Director, UHM, etc.): _____

Are you a current member of the UHMS? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Military Service

Branch and Rank: _____ Military ID? YES NO

Questions

What does the Accreditation mean to you? _____

Why do you want to become a Surveyor? _____

Hyperbaric Work History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities related to Hyperbaric Medicine: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities related to Hyperbaric Medicine: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities related to Hyperbaric Medicine: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
