



ASSOCIATE DISTINGUISHED SERVICE

UHMS Associate Distinguished Service (UHMSADS) - Application

APPLICANT INFORMATION

First Name: _____
 Last Name: _____
 Credential(s): _____
 Degree(s): _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Telephone: _____

MINIMUM REQUIREMENTS

- Nominated by a current UHMS (or international) member
- Current & active member of UHMS for ≥ 10 years
- In good standing with UHMS recognized certifying agency
- Current Hyperbaric certification(s) with UHMS recognized certifying agency (examples—CHT, CHRN, DMT)
- No reportable actions pending or otherwise that could reflect poorly on yourself, your employer, or the certifying agency
- Minimum of 80 participation points (see UHMSADS Point

REFERENCES

Current /Former Supervisor:

First Name: _____ Last Name: _____
 Position: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

UHMS Member/International Member Reference:

First Name: _____ Last Name: _____
 Position: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Professional Reference #1:

First Name: _____ Last Name: _____
 Credentials: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Professional Reference #2:

First Name: _____ Last Name: _____
 Position: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

PAYMENT INFORMATION

Check payable to UHMS Credit /Debit Card Name on Card: _____

Credit Card Number: _____ Exp Date _____ Card (CVV) Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

SIGNED CONSENT

- I hereby authorize the UHMS and its designated agents and representatives to conduct a comprehensive review of my background that may include, but is not limited to the following areas: employment history, education background, character references, certifying agency actions, state boards, social media, and any other public records.
- I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to UHMS or its agents for the sole purpose of reviewing the information for the purpose of this application for Associate Fellowship in the UHMS only.
- I understand that all UHMSADS nominations, application documents, and other information related to this application will be treated as CONFIDENTIAL. The UHMS and its designated agents and representatives will not disclose any of this information, except when required by law, to anyone other than the applicant and those directly involved in the evaluation of the UHMSADS application.
- I authorize payment of the non-refundable \$100 application fee. The application fee is not a guarantee of approval or acceptance as a UHMSADS. It is the sole responsibility of the applicant to meet the minimum requirements as set forth.

(Applicant's signature)

(Date)

(Time)



ASSOCIATE FELLOW APPLICATION

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POLICY AND PURPOSE

Recognition as an Fellow of Undersea & Hyperbaric Medicine Associate (UHMSADS) is awarded to an individual Associate member of the society whose professional activities and standing are deemed to be exceptional and deserving of the highest recognition we can bestow upon them. The Undersea & Hyperbaric Medical Society (UHMS) Associate Council (AC) confers this recognition based upon the criteria and procedures set forth in this document. Nominated applicants must be current members of the UHMS in good standing with the UHMS, employer (if applicable), and their UHMS recognized certifying agency. The applicants have demonstrated devotion and significant time and effort to the administrative, clinical, mechanical, physiological, safety, technical practice, and/or advancement of the hyperbaric community while achieving the highest level of expertise in their respective field. They consistently demonstrate the professionalism and ethical standards embodied in this recognition and the mission of the UHMS.

As such, the UHMSADS recognition is an honor awarded to an individual. It is not a right or a qualification, but an acknowledgement of achievement of the highest standards of expertise, practice, and contribution to the field of hyperbaric medicine.

They retain their UHMSADS status with their continued membership and good standing in the UHMS. ***If their membership expires, or they do not remain in good standing, they may lose their UHMSADS status. They will be notified in writing of the status change.***

REQUIRED ITEMS TO SUBMIT WITH APPLICATION

- Signed Application
- Application Fee (non-refundable) of \$100
- Current Resume/CV
- Current Hyperbaric certification(s) with UHMS recognized certifying agency (examples—CHT, CHRN, DMT)
- No reportable actions pending or otherwise that could reflect poorly on yourself, your employer (if applicable), or the certifying agency
- Minimum of 80 participation points (see Appendix A); Attach supporting documentation to application.
- Nomination Letter from UHMS Recognized Chapter, National, or International Member in Good Standing

AWARD of UHMSADS

Selected applicants will be formally awarded their Associate Fellow UHMSADS recognition during a ceremony at the UHMS Annual Scientific Meeting (ASM) of that same year. UHMSADS status is conferred by the UHMS Board President, Associate Nurse Board Representative, and Associate Technologist Board Representative.

NOMINATION PROCESS

- ◆ Individual Associate is nominated by a Chapter, National, or International UHMS member in Good Standing that is familiar with their professional experience and contribution to the hyperbaric medicine community by no later than 1st of January to be considered for Associate Fellowship by the upcoming Annual Scientific Meeting (ASM): **Note: for 2019 year only, received by no later than July 1, 2019**
- ◆ Nominees with at least 80 participation points and ten (10) years of UHMS membership
- ◆ The nominee will submit the signed and completed application along with the supporting documentation and payment of \$100 to the UHMS. If additional information is needed, the applicant will be notified
- ◆ Applicants will be considered and reviewed by the AC to determine if they meet the highest standards as outlined in the policy and purpose
- ◆ A decision will be made by the AC by March 31 and presented to the Board President for final review. One of three decisions may be reached with the application: 1— Approved, 2—Deferred for 1 year, or 3—Denial of Application The applicant will be notified by the 2nd week of April
- ◆ **(Note: For 2019 only, receive application by July 1; notification by August 1; awards given at Gulf Coast Chapter in Dallas Sept 6-7)**
- ◆ If applicant receives a Denial, they may Appeal and/or reapply next year



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DEFERRED FOR 1 YEAR

An applicant may receive a Deferment decision. The deferment is valid until the 1st of January of the following year.

The deferment will provide

- ◆ the applicant time to provide additional supporting information requested by the AC (if needed)
- ◆ additional time for the AC to review the application (if needed)

DENIAL OF APPLICATION

Applicants will receive a denial of their application if it was determined they did not meet one or more of the requirements

Applicants who receive a denial may appeal

APPEAL PROCESS

Who may appeal:

- ◆ Applicants who received an application Denial
- ◆ UHMSADS who have had their Fellow status revoked

The applicant/revoked member must submit a formal Appeal request in writing to the Administrative Council. The Appeal must include all supporting information to support the appeal.

Upon receipt of the appeal, the AC will convene an Appeals Committee within 60 days. It will consist of three independent UHMS Associates. They will review all of the available documentation and make a recommendation to the AC.

UHMSADS POINT SCALE

Category*	Points	Point Increment	Maximum Points
UHMS Associate Membership	1.0	Per year	10
Associate Board Member (Voting)	4.0	Per year	20
BNA Board Member	2.0	Per year	10
NBDHMT Board Member	1.0	Per year	5
Other Recognized Board Member (Chapter UHMS, ACHM, AAWC)	1.0	Per year	5
UHMS Active committee member	2.0	Per year	10
Active Committee Member Other Recognized Organization (NFPA, Wound Care Alliance)	1.0	Per year	10
Textbook Author/editor (Book, chapter)	3.0	Per textbook	10
Peer reviewed publication listed as author or co-author	2.0	Per publication	10
Publication listed as author or co-author (Articles)	1.0	Per publication	10
Abstract/poster presentation	0.5	Per abstract/poster	5
Teaching Hyperbaric Topic (non CEU)	0.5	Per hour	10
Teaching Hyperbaric Topic (CEU)	0.5	Per hour	15
Develop educational program (CEU or units)	1.0	Per CEU/unit	10
UHMS Accreditation Surveyor	1.0	Per survey	10
Volunteer Hyperbaric Chamber Staff	0.5	Per day	15
Hyperbaric Chamber Operator	0.5	Per day	5
Hyperbaric Medicine Research	0.5	Per month	5
Diving Instructor, Commercial, Scientific, or Military Diver	0.5	Per year	5

* Questions about what may, or may not, qualify for each category; and all other questions, should be directed to the Associate Council (AC).