

ASSOCIATE DISTINGUISHED SERVICE

UHMS Associate Distinguished Service (ADS) Application

First Name: Last Name: Credential(s): Degree(s): Mailing Address: City: State: Zip: Country: Email: WIMINIMAL REQUIREMENTS Nominated by a current UHMS (or international) member Current & active member of UHMS for z 10 years In good standing with UHMS recognized certifying agency Current Hyperbaric certification(s) with UHMS recognizedertifying agency (examples—CHT, CHS, CHWS, CHRN, DMT) Minimum of 80 participation points (see UHMSADS PointScale) SIGNED CONSENT I brereby 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 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 directh involved in the evaluation of the ADS application.	APPLICANT INFOR	RMATION	REFERENCES		
Last Name: Credential(s): Degree(s): Mailing Address: City: State: Zip: City: Telephone: First Name: Last Name: Country: Telephone: First Name: Last Name: Country: Telephone: First Name: Last Name: Position: Email: MIMINIMAL 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 tertifying agency (examples—CHT, CHS, CHWS, CHRN, DMT) No reportable actions pending or otherwise that could reflect poorly on yourseft, your employer, or the certifying agency Minimum of 80 participation points (see UHMSADS PointScale) 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 on its agents for the sole purpose of reviewing the information for the purpose of 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	First Name:		Current /Former Super	visor:	
Credential(s): Degree(s): Mailing Address: City: State: Zip: Country: Telephone: Prosition: Despree(s): Milling Address: City: State: Zip: Country: Telephone: Prist Name: Last Name: Current & active member of UHMS for ≥ 10 years In good standing with UHMS recognized certifying agency Current Hyperbaric certification(s) with UHMS recognized trifying agency on yourself; your employer, or the certifying agency On yourself; your employer, or the certifying agency Minimum of 80 participation points (see UHMSADS Point Scale) SIGNED CONSENT I breeby 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 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 application and those directly.	Last Name:		•		
Degree(s): Mailing Address: City: State: Zip: Country: Telephone: Email: MIMINIMAL REQUIREMENTS Nominated by a current UHMS (or international) member Current & active member of UHMS for 2 10 years In good standing with UHMS recognized certifying agency Current Hyperbaric certification(s) with UHMS recognized ertifying agency on yourself, your employer, or the certifying agency Minimum of 80 participation points (see UHMSADS PointScale) SIGNED CONSENT I hereby authorize the UHMS and its designated agents and representatives to conduct a comprehensive review of my background, character references, certifying agency variety agency (exaction background, character references, certifying agency variety agency) 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 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 addisclose any of this information, except when required by law, to anyone other than the applicant and those directly.	Credential(s):		<u>.</u>		
Mailing Address: City: State: Zip: Country: Telephone: Email: WIMINIMAL REQUIREMENTS Nominated by a current UHMS (or international) member Current & active member of UHMS for 2 10 years In good standing with UHMS recognized certifying agency Current Hyperbaric certification(s) with UHMS recognizedertifying agency (examples—CHT, CHS, CHWS, 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 PointScale) 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 application of this application for Associate Fellowship in the UHMS only. I understand that all ADS 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.	• • • • • • • • • • • • • • • • • • • •				
State:					
State: Zip: Telephone: First Name: Last Name: Position: Email: Mailing Address: City: State: Zip: Telephone: First Name: Last Name: Position: Email: Mailing Address: City: State: Zip: Telephone: Te			Telephone:		
Country: Telephone: Pail: Position: Email: Pailing Address: City: State: Zip: Telephone: Professional Reference #1: First Name: Last Name: Professional Reference #1: First Name: Last Name: Credentials: Email: Professional Reference #1: First Name: Last Name: Credentials: Email: Professional Reference #1: First Name: Last Name: Credentials: Email: Professional Reference #1: First Name: Last Name: Credentials: Email: Professional Reference #1: First Name: Last Name: Credentials: Email: Professional Reference #2: First Name: Last Name: Credentials: Email: Professional Reference #2: First Name: Last Name: Credentials: Email: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: City: State: Zip: Telephone: Professional Reference #2: First Name: Last Name: City: State: Zip: Telephone: Professional Reference #2: First Name: L		Zip:	UHMS Member/Interna	ational Member Refer	ence:
MIMINIMAL 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 (current Hyperbaric certification(s) with UHMS recognized certifying agency (carent Hyperbaric profits) 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 PointScale) Minimum of 80 participation points (see UHMSADS PointScale) 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 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			First Name:	Last Name:	
Miminimal 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 recognizedetrifying agency (examples—CHT, CHS, CHWS, 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 PointScale) 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 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	Email:				
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 recognizedertifying agency (examples—CHT, CHS, CHWS, 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 Scale) SIGNED CONSENT I hereby authorize the UHMS and its designated agents and representatives to conduct a comprehensive review of my 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 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.			Mailing Address:		
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, CHS, CHWS, 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 PointScale) 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 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.	<u>M</u> IMINIMAL REQUIR	EMENTS	City:	State:	Zip:
In good standing with UHMS recognized certifying agency Current Hyperbaric certification(s) with UHMS recognized certifying agency (examples—CHT, CHS, CHWS, 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 PointScale) Minimum of 80 participation points (see UHMSADS PointScale) First Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: SIGNED CONSENT I hereby authorize the UHMS and its designated agents and representative review of my background, character references, certifying agency actions, state boards, social media, and any other public records of my background, character references, certifying agency actions, state boards, social media, and any other public records of my background, character references, certifying agency actions, state boards, social media, and any other public records of my background, character references, certifying agency actions, state boards, social media, and any other public records of my background, character references, certifying agency actions, state boards, social media, and any other public records of my background and any other	Nominated by a current	UHMS (or international) member	Telephone:		
Current Hyperbaric certification(s) with UHMS recognizedertifying agency (examples—CHT, CHS, CHWS, 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 PointScale) Minimum of 80 participation points (see UHMSADS PointScale) 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 ADS 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.	Current & active membe	r of UHMS for ≥ 10 years	Professional Reference	<u>: #1:</u>	
Current Hyperbaric certification(s) with UHMS recognizedertifying agency (examples—CHT, CHS, CHWS, 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 PointScale) Minimum of 80 participation points (see UHMSADS PointScale) Professional Reference #2: First Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: First Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: 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 ADS 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	In good standing with UF	IMS recognized certifying agency	First Name:	Last Name:	
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 PointScale) Professional Reference #2: First Name: Credentials: Mailing Address: City: State: Zip: Telephone: Professional Reference #2: First Name: Credentials: Mailing Address: City: State: Zip: Telephone: 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 ADS 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.	Current Hyperbaric certif	ication(s) with UHMS recognized ertifying	Credentials:	Email:	
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 PointScale) Professional Reference #2: First Name: Credentials: Email: Mailing Address: City: Telephone: City: State: Zip: First Name: Credentials: Email: Mailing Address: City: Telephone: State: Zip: Telephone: 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 ADS 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	agency (examples—CHT,	CHS, CHWS, CHRN, DMT)	Mailing Address:		
Telephone: Professional Reference #2: First Name: Credentials: Email: Mailing Address: City: Telephone: 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 ADS 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.	No reportable actions pe	ending or otherwise that could reflect poorly			
First Name:Last Name: Credentials:Email: Mailing Address: City:State:Zip: Telephone: **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 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 ADS 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.	on yourself, your employ	yer, or the certifying agency	Telephone:		
First Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: State: State: State: Last Name: Last Name: Last Name: Last Name: Credentials: Email: Mailing Address: City: State: Zip: Telephone: State: Zip: Telephone: State: Name: Last Name: Last Name: Credentials: Mailing Address: City: State: Zip: Telephone: State: Name: Name	Minimum of 80 participa	ation points (see UHMSADS PointScale)	Professional Reference	<u>: #2:</u>	
Credentials:		teres perme (see e.m.e. 20 ; e.m.e.e.e.e.	First Name:	Last Name:	
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 ADS 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					
 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 ADS 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. 					
 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 ADS 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. 					
 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 ADS 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 			Telephone:		
 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 ADS 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 	SIGNED CONSENT	•			
 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 ADS 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 					_
 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 ADS 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 	· ·		·	•	
 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 ADS 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 	my background the	at may include, but is not limited to th	ne following areas: emplo	oyment history, edu	ıcation
 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 ADS 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 	background, chara	cter references, certifying agency action	ons, state boards, social	media, and any oth	er public records.
 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 ADS 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 					
 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 ADS 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 	I further authorize	any individual, company, firm, corpor	ation, or public agency to	o divulge any and al	l information.
 purpose of this application for Associate Fellowship in the UHMS only. I understand that all ADS 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 					
 I understand that all ADS 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 				or reviewing the line	industrion the
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	parpose or triis app	Sheation for Associate Fellowship in th	ic offivisority.		
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		III ADC		. 12	
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 ADS application.	•	• • •	y law, to anyone other t	than the applicant a	nd those directly
	involved in the eva	lluation of the ADS application.			



ASSOCIATE DISTINGUISHED SERVICE

UHMS Associate Distinguished Service (ADS) Application

POLICY AND PURPOSE

Recognition for Distinguished Service over a significant period of time while contributing to the field of hyperbaric medicine as an individual Associate member of the society, and 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) Associates 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 ADS recognition is an honor awarded to anindividual. It is not a right or a qualification, but anacknowledgement of achievement of the highest standards of expertise, practice, and contribution to the field of hyperbaric medicine.

REQUIRED ITEMS TO SUBMIT WITH APPLICATION

☐ Signed application	
\square Current resume/CV	
☐ Current hyperbaric certification(s) with UHMS-recogniz certifying agency (examples: CHT, CHRN, DMT)	ec
☐ 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	

RECOGNITION OF UHMSADS

Selected applicants will be formally presented their Associate Distinguished Service 'ADS' recognition honor during a ceremony at the UHMS Annual Scientific Meeting (ASM) of that same year. The ADS status is conferred by the UHMS Board President, Associate Nurse Board Representative, and Associate Technologist Board Representative.

NOMINATION PROCESS

- An individual Associate is nominated by a chapter, national, or international UHMS member in good standing who is familiar with their professional experience and contribution to the hyperbaric medicine community. Nominations will be placed no later than January 1 of each year to be considered for this recognition honor at the Annual Scientific Meeting (ASM).
- Nominees with at least 80 participation points (see Appendix A) and ten (10) years of UHMS membership will be considered.
- The nominee will submit the signed and completed application along with the supporting documentation 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.
- ♦ 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 second week of April.
- If applicant receives a denial, they may appeal and/or reapply next year.



ASSOCIATE DISTINGUISHED SERVICE

UHMS Associate Distinguished Service (ADS) Application

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 status revoked

The applicant/revoked member must submit a formal appeal request in writing to the Associates 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.

UHMS ADS POINT SCALE								
Category* Points Point Increment								
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 or ABWH 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).

Distinguished Service Application



Worksheet

Date:					
Name:			Nominated b	y:	
Qualifyi	ing Pathway, Licer ACHRN CHRN	CHT DMT	CHS	Retired Academia	Diver
UHMS I	Membership Curre	ently: Yes	No	Member since:	(year)
Have yo	ou served on a Rec	cognized Board:	Yes No		
		If Yes, select boa	rd(s), indicate positio	n(s) held, and years	
	UHMS Board	Position(s) held:			From To
					From To
	BNA Board	Position(s) held:		Years:	From To
					From To
	NBDHMT Board	Position(s) held:		Years:	From To
		-			From To
	ABWH Board	Position(s) held:		Years:	From To
					From To
	UHMS Chapter	Position(s) held:		Years:	From To
		-			From To
	ACHM Board	Position(s) held:		Years:	From To
					From To
	AAWC Board	Position(s) held:		Years:	From To
	AAWC Board	i osicion(s) neia.			From To
	(O) O D	/ \			From To
	(Other Board)	Position(s) held: (Name of Board)		Years:	From To
					From To
	(Other Board)	Position(s) held: (Name of Board)		Years:	From To
		(INAILIE OI DOGLO)			From To

Distinguished Service Application



Worksheet

Do you	, or mave you, actively served on as	a committee me	iibci .		103	140	<u> </u>
	If Yes, indicate	the organization	(s), comn	nittee(s)	, and year	r(s)	
	UHMS Committee(s)						
		(committee)	From	То			
		(committee)	From	То			
		(committee)	From	То			
		(committee)	From	То			
	Other Committee (a) of accoming t	Dunn u inntinu (n)					
	Other Committee(s) of recognized (organization(s)				From	То
	(Organization)				(committee)	From	
	(Organization)				(committee)	From	То
	(Organization)				(committee)	From	То
	(Organization)				(committee)	From	То
	(Organization)				(committee)	From	То
	(Organization)				(committee)	110111	
	. the Authorite Edition of the their	12 N.		1			
were y	ou the Author or Editor of a textboo			No			
	lf Y	es, indicate bool	(s) and cl	napter(s	5)		
		(book)					(chapter)
		(book)					(chapter)
		(book)					(chapter)
		(book)					(chapter)
	(16 manus amana is mandad	(book)	- d d:4: l	: £ Ł	: - : - + - + h : - :		(chapter)
	(If more space is needed	, please attach the	additional	informat	ion to this	application)	
							_
Were y	ou listed as the Author or Co-author	r on a Peer Revie	ved publi	cation?		Yes	No
		If Yes, list the p	ublicatio	n(s)			
		(publication)					(publication)
		(publication)					(publication)
		(publication)					(publication)
		(publication)					(publication)
		(publication)					(publication)
	(If more space is needed	, please attach the	additional	informat	ion to this	application)	
				_			
Did you	participate in an Abstract or Poste	r Presentation?		Yes		No	
	If Y	es, list the Abstra	ct(s) and	Poster(s)		
		(abstract)					(poster)
		(abstract)	<u> </u>				(poster)
		(abstract)					(poster)
		(abstract)					(poster)
		(abstract)					(poster)
	(If more space is needed	, please attach the	additional	informat	ion to this	application)	

Distinguished Service Application



Worksheet

Dia you	teach any hyperbanc Non-CEO courses?	res	INO						
	If Yes, list t	he Non-CEU	course(s) taught						
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(cours	se title)	(Non-CEU hrs)	(date)					
	(If more space is needed, please a	attach the add	ditional information to this a	pplication)					
Did you	ı TEACH any Hyperbaric CEU courses?	Yes	No						
	If Yes, lis	t the CEU co	urse(s) taught						
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)						
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	<u> </u>	se title)	(CEU/units)	(date)					
	(If more space is needed, please	attach the add	litional information to this a	pplication)					
		_							
Did you	DEVELOP any Hyperbaric CEU courses?	Yes	No						
	If Yes, list t	he CEU cour	se(s) developed						
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
	(cours	se title)	(CEU/units)	(date)					
		se title)	(CEU/units)	(date)					
	(If more space is needed, please attach the additional information to this application)								

Distinguished Service Application



Worksheet

If Yes, list the facility(s) and date(s) you surveyed (date (dat	Are you	u, or nav	ve you beer	a UHIVIS	Accreditat	ion Survey	or:		Yes		NO	_	
(facility surveyed) (date) (facility surveyed) (facility survey		If Yes, list the facility(s) and date(s) you surveyed											
(tacility surveyed) (date) (facility surveyed) (facility survey		(facility surveyed) (date)											
Itality surveyed (date (facility surveyed (date (facility surveyed (date (facility surveyed (facility surveyed (date (facility surveyed (facility surveyed (date (facility surveyed (facility surveyed (date (facility surveyed (facility surveyed (date (facility surveyed		(facility surveyed)							(date)				
(date) (facility surveyed) (facility surveyed) (date) (facility surveyed) (date) (facility surveyed) (date) (facility surveyed) (facility surveyed) (facility surveyed) (date) (facility surveyed)		(facility surveyed) (date)											
(facility surveyed) (date)		(facility surveyed) (date)											
(facility surveyed) (date)									(date)				
(facility surveyed) (date)							(faci	lity surveyed	<u>)</u>		(date)		
(facility surveyed) (date) ((If more space is needed, please attach the additional information to this application) Have you operated a Hyperbaric Chamber? Yes No If Yes, number of days? Oo you participated in Hyperbaric Medicine Research? (Organization) (Organiz							(faci	lity surveyed)		(date)		
(If more space is needed, please attach the additional information to this application) Have you operated a Hyperbaric Chamber? Yes No If Yes, indicate the organization(s), research topic(s), and year(s) (Organization) (Organization							(faci	lity surveyed)		(date)		
(If more space is needed, please attach the additional information to this application) Have you operated a Hyperbaric Chamber? Yes No If Yes, number of days? Yes							(faci	lity surveyed)		(date)		
Alave you operated a Hyperbaric Chamber? Yes							(faci	lity surveyed	<u>)</u>		(date)		
Scientific Diver Yes No No		(1	f more space	is needed	, please atta	ch the addit	ional ir	nformatio	on to this	application	n)		
Scientific Diver Yes No No													
Scientific Diver Yes No No	Have v	ou oner	ated a Hyne	rharic Ch	namher?	V	' es		No	If Ves no	ımher	of days	:?
If Yes, indicate the organization(s), research topic(s), and year(s)	ilave y	ou opei	ateu a riype	baric ci	iaiiibci :		CJ		140	11 103, 110	alliber (Ji day.	'· ——
If Yes, indicate the organization(s), research topic(s), and year(s)					Madiaina D			V		.			
(Organization) (research topic) From To	oo you	particip	oated in Hyl										
(Organization) (research topic) From To (Organization) (research topic) From				If Yes, in	ndicate the	organizatio	on(s),	research	n topic(s), and yea	ar(s)	Erom	To
(Organization) (Organ				(Organiz	zation)				(re	esearch topic)			
(Organization) (Organ				(Organiz	zation)				(re	esearch topic)			
(Organization) (research topic) From To (If more space is needed, please attach the additional information to this application) Are you a Diver? Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # Scientific Diver Level or Cert #				(Organiz	zation)	-			(re	esearch topic)			
(Organization) (Organ				(Organiz	zation)				(re	esearch topic)			
(Organization) (research topic) From To (If more space is needed, please attach the additional information to this application) Are you a Diver? Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # Scientific Diver Level or Cert #				(Organiz	zation)				(re	esearch topic)			
(Organization) (research topic) (If more space is needed, please attach the additional information to this application) Are you a Diver? Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # Scientific Diver Level or Cert #				(Organiz	zation)	-			(re	esearch topic)			
(Organization) (research topic) From To (Organization) (research topic) From To (Organization) (research topic) From To (If more space is needed, please attach the additional information to this application) Are you a Diver? Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Years: From To Commercial Diver Level or Cert # Scientific Diver Level or Cert #				(Organiz	zation)				(re	esearch topic)			
(Organization) (research topic) (Organization) (research topic) (If more space is needed, please attach the additional information to this application) Are you a Diver? Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Commercial Diver Level or Cert # Scientific Diver Level or Cert #				(Organiz	zation)				(re	esearch topic)			
(If more space is needed, please attach the additional information to this application) Are you a Diver? Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Scientific Diver Level or Cert # Scientific Diver Level or Cert #				(Organiz	zation)	-			(re	esearch topic)			
Are you a Diver? If Yes No If Yes, select type of Diver(s), certification # or level, and years Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # Scientific Diver Level or Cert #		_	/If mara				tha ad	di+iopol			ناممد عن		
Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # Scientific Diver Level or Cert # From To			(ii more	space is n	ieeded, pied	ase attach	ine au	uitionai	morma	tion to thi	is appili	cation	
Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # Scientific Diver Level or Cert # From To													
Diving Instructor Level or Cert # Years: From To Commercial Diver Level or Cert # Scientific Diver Level or Cert #	Are you	u a Dive	r?	Yes		No							
Diving Instructor Level or Cert # Years: Commercial Diver Level or Cert # From To From To From To From To				If Yes, s	select type	of Diver(s)	, certi	fication	# or leve	el, and ye	ars		
Commercial Diver Level or Cert # Scientific Diver Level or Cert # From To			Diving Inst	ructor	Level o	or Cert #				•	Years:	From	То
Scientific Diver Level or Cert #			Commerci	al Diver	Level d	or Cert #						From	То
From To						_				_		From	То
Military Diver Level or Cert #		IН				_				_		From	То
		ш	Military Di	ver	Level	or Cert #				_			

REMINDER to Submit all of the required information:

- 1 Signed Application
- 2 Current Resume/CV
- 3 Current Proof of Hyperbaric Certification (unless retired or academia)
- 4 This worksheet and/or supporting information

Appendix A - UHMSDSA Points Summary

Name:	

Category	Points	Point	Maximum	Total
eutego.,	1 011113	Increment	Points	Points
				Claimed
UHMS Associate Member	1.0	Per year	10	
Associate Board Member	4.0	Per year	20	
3. BNA Board Member (6 yrs BNACB)	2.0	Per Year	10	
4. NBDHMT or ABWH Board Member	1.0	Per Year	5	
5. Other Board Member (PAC Chapter)	1.0	Per Year	5	
6. UHMS Active Committee Member	2.0	Per Year	10	
7. Textbook Author - Chapter	3.0	Per Textbook	10	
8. Peer Reviewed publication listed as author/co-author	2.0	Per Publication	10	
9. Publication listed as author or co- author	1.0	Per Publication	10	
10. Abstract/Poster Presentation	.5	Per abstract/poster	5	
11. Teaching Hyperbaric Topic (non CEU)	.5	Per hour	10	
12. Teaching Hyperbaric Topic (CEU)	.5	Per hour	15	
13. Develop educational program	1.0	Per CEU/unit	10	
14. UHMS Accreditation Surveyor	1.0	Per survey	10	
15. Volunteer Hyperbaric Chamber Staff	.5	Per day	15	
16. Hyperbaric Chamber Operator	.5	Per Day	5	
17. Hyperbaric Medicine Research	.5	Per Month	5	
18. Diving Instructor, Commercial, Scientific or Military Diver	.5	Per year	5	
		Totals	170	