



ASSOCIATE DISTINGUISHED SERVICE

UHMS Associate Distinguished Service (ADS) Application

APPLICANT INFORMATION

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

MINIMAL 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, 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)

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: _____
 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 involved in the evaluation of the ADS application.

Signature: _____

Date: _____

Time: _____



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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 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.

REQUIRED ITEMS TO SUBMIT WITH APPLICATION

- Signed application
- 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

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.



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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 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	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 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).

Worksheet



Date: _____

Name: _____

Nominated by: _____

Qualifying Pathway, Licensure, Certification (check all that apply):

ACHRN

CHT

CHS

Retired

Diver

CHRN

DMT

CWHS

Academia

UHMS Membership Currently: Yes

No

Member since: _____ (year)

Have you served on a Recognized Board: Yes

No

If Yes, select board(s), indicate position(s) held, and years				
UHMS Board	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
BNA Board	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
NBDHMT Board	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
ABWH Board	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
UHMS Chapter	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
ACHM Board	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
AAWC Board	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
(Other Board)	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
	(Name of Board)	_____		
(Other Board)	Position(s) held:	_____	Years:	From _____ To _____ From _____ To _____ From _____ To _____
	(Name of Board)	_____		

Worksheet



Do you, or have you, actively served on as a Committee member? Yes No

If Yes, indicate the organization(s), committee(s), and year(s)			
UHMS Committee(s)			
_____	(committee)	From _____	To _____
_____	(committee)	From _____	To _____
_____	(committee)	From _____	To _____
_____	(committee)	From _____	To _____
Other Committee(s) of recognized Organization(s)			
_____	(Organization)	_____	(committee) From _____ To _____
_____	(Organization)	_____	(committee) From _____ To _____
_____	(Organization)	_____	(committee) From _____ To _____
_____	(Organization)	_____	(committee) From _____ To _____
_____	(Organization)	_____	(committee) From _____ To _____
_____	(Organization)	_____	(committee) From _____ To _____

Were you the Author or Editor of a textbook? Yes No

If Yes, indicate book(s) and chapter(s)		
_____	(book)	_____ (chapter)
_____	(book)	_____ (chapter)
_____	(book)	_____ (chapter)
_____	(book)	_____ (chapter)
_____	(book)	_____ (chapter)
(If more space is needed, please attach the additional information to this application)		

Were you listed as the Author or Co-author on a Peer Reviewed publication? Yes No

If Yes, list the publication(s)		
_____	(publication)	_____ (publication)
_____	(publication)	_____ (publication)
_____	(publication)	_____ (publication)
_____	(publication)	_____ (publication)
_____	(publication)	_____ (publication)
(If more space is needed, please attach the additional information to this application)		

Did you participate in an Abstract or Poster Presentation? Yes No

If Yes, list the Abstract(s) and Poster(s)		
_____	(abstract)	_____ (poster)
_____	(abstract)	_____ (poster)
_____	(abstract)	_____ (poster)
_____	(abstract)	_____ (poster)
_____	(abstract)	_____ (poster)
(If more space is needed, please attach the additional information to this application)		



Worksheet

Did you teach any Hyperbaric Non-CEU courses? Yes No

If Yes, list the Non-CEU course(s) taught		
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(course title)	(Non-CEU hrs)	(date)
(If more space is needed, please attach the additional information to this application)		

Did you TEACH any Hyperbaric CEU courses? Yes No

If Yes, list the CEU course(s) taught		
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(If more space is needed, please attach the additional information to this application)		

Did you DEVELOP any Hyperbaric CEU courses? Yes No

If Yes, list the CEU course(s) developed		
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(course title)	(CEU/units)	(date)
(If more space is needed, please attach the additional information to this application)		

Worksheet



Are you, or have you been a UHMS Accreditation Surveyor? Yes No

If Yes, list the facility(s) and date(s) you surveyed	
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(date)
(facility surveyed)	(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? _____

Do you participated in Hyperbaric Medicine Research? Yes No

If Yes, indicate the organization(s), research topic(s), and year(s)		
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(Organization)	(research topic)	From _____ To _____
(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		
<input type="checkbox"/> Diving Instructor	Level or Cert # _____	Years: From _____ To _____
<input type="checkbox"/> Commercial Diver	Level or Cert # _____	From _____ To _____
<input type="checkbox"/> Scientific Diver	Level or Cert # _____	From _____ To _____
<input type="checkbox"/> Military Diver	Level or Cert # _____	From _____ To _____

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 Increment	Maximum Points	Total Points Claimed
1. UHMS Associate Member	1.0	Per year	10	
2. 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	