



## International Board of Undersea Medicine, Inc.

### Membership Application

Headquarters: 522-A Caribbean Ave., Key Largo, FL 33037

Inquiries and Membership Applications: PO Box 207, Seeley Lake, MT 59868

Toll Free (888) 423-IBUM – FAX (888) 482-2987

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#### PERSONAL INFORMATION

Name \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal \_\_\_\_\_

Country \_\_\_\_\_

Phone (work) (\_\_\_\_\_) \_\_\_\_\_ Phone (home) (\_\_\_\_\_) \_\_\_\_\_

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#### DIVING & PROFESSIONAL INFORMATION

Diving Certification (level) \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Certification # \_\_\_\_\_

Occupation \_\_\_\_\_

Other relevant qualifications \_\_\_\_\_

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#### IBUM CERTIFICATION and Payment Information:

- Diving Medical Physician (DMP) - \$100/\$50 annual renewal
- Diver Medical Technician (DMT) - \$100/\$50 2 year renewal
- Advanced Diver Medical Technician-(DMT-A) - \$100/\$50 2 year renewal
- Hyperbaric Chamber Operator - \$60/\$30 3 year renewal
- DiveSponder™ • Dive Accident Responder \$30 - 3 year renewal recommended
- Members residing outside the U.S. add \$10.00 to application fee*

Payment Information:       Check       Credit Card: VISA or MasterCard only

Visa or MasterCard number: \_\_\_\_\_ exp. date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

#### IBUM Course Criteria & Statement of Understanding

The undersigned affirms that the applicant has completed an approved Hyperbaric Chamber Operations Course for all levels of certification. Physician applicants for DMP must have completed a program of study that equals or exceeds the standards of medical education of the American Medical Association or the American Osteopathic Association. Basic DMT applicants must have completed an approved Basic DMT course and hold current certification as an EMT, RN, RT or PA. Advanced DMT applicants must have completed an approved Basic, and Advanced DMT course and hold a current EMT-P, RN, RT or PA certificate that equals or exceeds the objectives of the DOT National Standard EMT-P curriculum or completed an NLN approved Registered Nursing Program. All MD's, DO's, EMT's, EMT-P's and Registered Nurses applying for certification must attach a copy of all appropriate licenses, certifications, course completion certificates or diplomas.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor signature

\_\_\_\_\_  
Date