



TEXAS A&M UNIVERSITY-SAN ANTONIO

## Dive Program

### Appendix 8: Request for diving reciprocity form verification of diver training and experience

This letter serves to verify that the \_\_\_\_\_ has met the training and pre-requisites as indicated below, and has completed all requirements necessary to be certified as a (Scientific Diver / Diver in Training) as established by the Texas A&M University - San Antonio (A&M-SA) Diving Standards for Underwater Operations, and has demonstrated competency in the indicated areas. A&M-SA meets or exceeds all AAUS training requirements.

The following is a brief summary of this diver's personnel file regarding dive status as of

\_\_\_\_\_  
(Date)

\_\_\_\_\_ Original diving authorization

\_\_\_\_\_ Written scientific diving examination

\_\_\_\_\_ Last diving medical examination      Medical examination Exp. date \_\_\_\_\_

\_\_\_\_\_ Most recent checkout dive

\_\_\_\_\_ SCUBA regulator/equipment service/test

\_\_\_\_\_ CPR training (Agency) \_\_\_\_\_      CPR Exp. \_\_\_\_\_

\_\_\_\_\_ Oxygen administration (Agency) \_\_\_\_\_      O<sub>2</sub> Exp. \_\_\_\_\_

\_\_\_\_\_ First aid for diving \_\_\_\_\_      First Aid Exp. \_\_\_\_\_

\_\_\_\_\_ Date of last dive; Depth \_\_\_\_\_

Number of dives completed within previous 12 months? \_\_\_\_\_

Depth Certification \_\_\_\_\_      Depth Authorization \_\_\_\_\_

Total number of career dives? \_\_\_\_\_

Any restrictions or Waivers of Requirements? (Y/N) \_\_\_\_\_ if yes, explain:

Please indicate any pertinent authorizations or training:



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SAN ANTONIO

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[www.tamusa.edu](http://www.tamusa.edu)

One University Way, San Antonio, TX 78224



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## Dive Program

### Emergency Information

Name:

Relationship:

Telephone:

(work)

(home)

Address:

This is to verify that the above information is complete and correct

**Dive Safety Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print



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