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_2 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:

TEXAS A&M UNIVERSITY-SAN ANTONIO

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