

FIU SCIENTIFIC DIVER QUALIFICATION APPLICATION

PERSONAL INFORMATION:

Submission Date: _____

Name: _____

Gender: M F DOB: _____ Panther ID #: _____

Current Address: _____

Permanent Address: _____

Telephone: _____ (Home) _____ (Office)

Department: _____ P.I.: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____

Address: _____

Telephone: _____ (Home) _____ (Office)

MEDICAL INFORMATION:

Physician's Name: _____ Telephone: _____

Address: _____

Health Insurance Carrier: _____ Telephone: _____

Last Physical Exam: _____

CERTIFICATIONS AND/OR EXPERIENCE: *(Please attach copies of each)*

Type	Agency	Date	Hrs/Registration#
SCUBA			
CPR			
FIRST AID			
LIFE SAVING			
WSI			
BOATING			

AAUS Member: Yes No Member #: _____ Depth Certification: _____

DIVING EXPERIENCE: *(Please list following information from your dive log)*

Number of Months since last active dive _____ Months

Bottom time using SCUBA: _____ hrs.

Number of Dives Using SCUBA: _____ Average Depth: _____ ft.

Deepest Depth: _____ ft. Longest dive: _____ hrs.

Decompression Experience: _____ yrs. Mixed Gas Experience: _____ yrs.

Research Diving Experience: _____ yrs. Commercial Diving Experience: _____ yrs.

Tower or Sub diving experience: _____ yrs. Saturation Diving Experience: _____ yrs.