

## DIVING ACTIVITY RESUME

### DIVER INFORMATION

APPLICANT NAME (Last, First MI)			DATE	
ORGANIZATION		POSITION HELD		
MAILING ADDRESS		CITY	STATE	ZIP
E-MAIL ADDRESS	WORK PHONE	WORK FAX		
NAME of SUPERVISOR / CONTACT			PHONE	

### DIVING CERTIFICATIONS – Attach copies of all certifications listed below.

Organization	Certification Level / Depth	Date	Location	Diving Instructor

### MEDICAL CERTIFICATIONS – Attach copies of all certifications listed below.

	Agency	Level	Date (initial)	Date (current)
CPR				
First-Aid				
O <sub>2</sub> Admin				
EMT				
DMT				
Other				

### DIVING ACTIVITY

Number of years diving		Date of last dive	
Total number of dives		Total hours under water	
Greatest depth of any dive		Greatest depth in the past 12 months	
Number of dives in the past 6 months		Number of dives in the past 12 months	
Date of last Dry-Suit dive		Date of last Nitrox / Trimix dive	

### DIVING DEPTHS – Indicate cumulative number of dives by depth, by year. Indicate most recent year first.

YEAR	0 – 30' fsw	31 – 60' fsw	61 – 100' fsw	101 – 130' fsw	Deeper than 130' fsw

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**EXPERIENCE – Indicate the number of dives for each type of diving experience listed below. If zero, leave blank.**

	Fresh Water	Visibility > 20'	Decompression	Search & Recovery
	Salt Water	Visibility = 5 – 20'	Saturation	Photography / Video
	Blue Water	Visibility = 1 – 5'	Closed Circuit	Navigation
	Rivers	Visibility < 1'	Surface Supplied	Salvage / Lift Bag
	Dive Chamber	Visibility = 0	Dry Suit	Ship Husbandry
	Dive Habitat	Water Temp < 50°	Nitrox	From Small Boat
	Lockout	Water Temp = 51 - 70°	Heliox	Shore / Beach Entry
	Night Diving	Water Temp > 71°	Trimix	Heavy Surf Entry
	Coral Reef	Current < 1 knot	Dive Computer	Pier / Dock Entry
	Kelp	Current = 1 – 3 knots	Altitude (> 1000')	Underwater Assembly
	Ice Diving / Polar	Current > 3 knots	Research / Survey	Recreational Sport
	Under Ice	Depths > 130'	Coring / Collecting	Instructional
	Wreck Penetration	Drift Diving	Commercial Diving	Observational
	Cave Penetration	Skin / Free Diving	Military Diving	Life Saving

Additional diving experience

Geographical locations of diving experience

**SELF ASSESSMENT – State objectives and intent for NOAA Diving Program certification.**

Have you ever run out of air during a dive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been treated in a hyperbaric chamber for diving related accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever experienced symptoms of de-compression sickness (DCS)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever experienced a pulmonary barotrauma, gas embolism or near drowning?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicable incident or accident reports are attached for the "Yes" responses listed above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**DIVER REFERENCES – Provide at least two references familiar with your diving experience and abilities.**

NAME	ORGANIZATION	LOCATION	PHONE
NAME	ORGANIZATION	LOCATION	PHONE
NAME	ORGANIZATION	LOCATION	PHONE

**VERIFICATION – I have reviewed and found this resume to be a thorough and honest representation of my diving history.**

APPLICANT NAME	APPLICANT SIGNATURE	DATE
UNIT DIVING SUPERVISOR NAME	UNIT DIVING SUPERVISOR SIGNATURE	DATE