

## FIU SCIENTIFIC DIVER QUALIFICATION APPLICATION

Submission Date: \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
 Gender:  M  F      DOB: \_\_\_\_\_      Panther ID #: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (Home)      \_\_\_\_\_ (Office)  
 Department: \_\_\_\_\_      P.I.: \_\_\_\_\_

### 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.