



NOAA DIVING PROGRAM DIVING ACTIVITY RESUME

Date: ___ / ___ / ___

Name (Last, First, MI): _____ Social Security #: _____

Organization: _____ Birthdate: _____ Age: _____

Mailing Address: _____

Telephone: Work: () _____ FAX: () _____ e-mail: _____

Your Supervisor/Contact: _____ Phone: () _____

Position Held (Scientist, Engineer, Technician, Officer): _____

CERTIFICATIONS - Attach copies of all certifications listed below

DIVING

Org/Agency	Certification Level/Depth	Date	Location	Diving Officer/Instr.#

MEDICAL

	Agency	Level	Date (initial)	Date (current)
CPR				
1st Aid				
O ₂ Admin				
EMT				
DMT				

Other: _____

DIVING ACTIVITY

Number of Years: _____ Total number of dives: _____ Total hours underwater: _____

Greatest Depth: _____ Max depth in last 12 months: _____ Date of last dive: _____

Number of dives last 6 months: _____ Total dives in last 12 months: _____

Date of last Dry-Suit Dive: _____ Date of last nitrox/trimix dive: _____

Cumulative total number of dives per depth/by year, indicate year and # (i.e. 94-20) in descending order from most recent year.

0 – 30 fsw	31 – 60 fsw	61 – 100 fsw	101 – 130 fsw	130 – Deeper fsw

Experience

Indicate number of dives in areas in which you have some diving experience.

*** UDS, please evaluate logs for verification.**

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Marine | <input type="checkbox"/> Visibility >20' | <input type="checkbox"/> Decompression | <input type="checkbox"/> Search & Recovery |
| <input type="checkbox"/> Fresh Water | <input type="checkbox"/> Visibility 5-15' | <input type="checkbox"/> Saturation | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Kelp | <input type="checkbox"/> Visibility 1-5' | <input type="checkbox"/> Closed Circuit | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Rivers | <input type="checkbox"/> Visibility <1' | <input type="checkbox"/> Surface Supplied | <input type="checkbox"/> Lift Bag Work/Salvage |
| <input type="checkbox"/> Blue Water | <input type="checkbox"/> Visibility 0 | <input type="checkbox"/> Drysuit | <input type="checkbox"/> Ship husbandry |
| <input type="checkbox"/> Chamber | <input type="checkbox"/> Water Temp <50° | <input type="checkbox"/> Nitrox | <input type="checkbox"/> From small boat |
| <input type="checkbox"/> Under Ice | <input type="checkbox"/> Water Temp 51-70° | <input type="checkbox"/> Heliox | <input type="checkbox"/> Shore Beach Entry |
| <input type="checkbox"/> Night | <input type="checkbox"/> Water Temp >71° | <input type="checkbox"/> Trimix | <input type="checkbox"/> Heavy Surf Entry |
| <input type="checkbox"/> Cave Penetration | <input type="checkbox"/> Current <1 kt | <input type="checkbox"/> Dive computer | <input type="checkbox"/> Pier/Dock Entry |
| <input type="checkbox"/> Wreck Penetration | <input type="checkbox"/> Current 1-3 kts | <input type="checkbox"/> Altitude (>1000') | <input type="checkbox"/> U/W Assembly |
| <input type="checkbox"/> Habitat | <input type="checkbox"/> Current >3kts | <input type="checkbox"/> Research/Survey | <input type="checkbox"/> Recreational/Sport |
| <input type="checkbox"/> Ice/Polar | <input type="checkbox"/> Depths >130' | <input type="checkbox"/> Coring/Collecting | <input type="checkbox"/> Instruction |
| <input type="checkbox"/> Coral Reef | <input type="checkbox"/> Drift Diving | <input type="checkbox"/> Commercial Diving | <input type="checkbox"/> Observational |
| <input type="checkbox"/> Lockout | <input type="checkbox"/> Skin/Free Diving | <input type="checkbox"/> Military Diving | <input type="checkbox"/> Life Saving |

Additional Experience: _____

Geographical Locations in which you have dove: _____

SELF ASSESSMENT (statement of intent and objectives for NOAA certification)

Have you ever run out of air during a dive? (Y/N)

Have you ever been treated in a Hyberbaric Chamber for a diving related accident? (Y/N)

Have you ever experienced symptoms of DCS? (Y/N)

Near-drowning, Gas embolism or pulmonary barotrauma? (Y/N)

Please attach report(s) of incidents/accidents

REFERENCES: (Name, Organization, Address, Phone)

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

Applicant Signature: _____

Date: _____

Unit Diving Supervisor: _____

Date: _____