



# NOAA DIVING PROGRAM REVIEW FOR DIVING CERTIFICATION

\_\_\_\_\_  
Name of Applicant (Last, First, MI.) Purpose: (Initial/Temp/Recert) Date  
NOS NMFS OAR OMAO NOAA Contractor NON-NOAA (Specify:)

\_\_\_\_\_  
Unit Location Telephone # and email address  
Date Verified

### ***Diving Physical Examination***

- / / / 1. Diving physical examination conducted according to NOAA diving medical evaluation criteria. (NAO 209-123 Section 7, physical must have been within 12 months)
- / / / 2. NOAA diving physical examination checklist completed. **Signed by Unit Diving Supervisor (UDS).** Forwarded to NOAA Diving Center (NDC)
- / / / 3. Physical approved by NDC or appointed Hyperbaric Physician. **(This clearance is required prior to conducting in-water evaluations.)**

### ***Diving Experience***

- / / / 4. NDP Diving activity resume completed
- / / / 5. All training/certifications verified and attached
- / / / 6. Dates of last CPR training: / / / 1<sup>st</sup> Aid: / / / Oxygen Admin: / / /
- / / / 7. Dates of last dive training: / / / Course title: \_\_\_\_\_
- / / / 8. Dates of most recent or any NOAA dive training. Course title: \_\_\_\_\_

### ***Diving Knowledge***

- / / / 9. NOAA Diving Examination Type: Scientific  Working  Other: \_\_\_\_\_  
Exam Scores: Ver. \_\_\_ Sec. I. \_\_\_ II. \_\_\_ III. \_\_\_  
Retake Score(s): Ver. \_\_\_ Sec. I. \_\_\_ II. \_\_\_ III. \_\_\_  
Initial passing score for each section is 80%. Failing any section requires a retake.  
Transcribe examination scores above. Return answer sheets with packet submission.

### ***Diving Proficiency - Physical must be approved prior to in-water evaluations.***

- / / / 10. Swimming Evaluation (NAO 209-123 Section 5.04 d. 2.)
- / / / 11. SCUBA checkout dive completed only after completion of items 1-10.  
(Review evaluation criteria on Report of NOAA checkout dive.)
- 12. Additional Training recommended (y/n) indicate:

### ***Certification Recommendation***

**CHECK ONE BOX -**  SCIENTIFIC DIVER  WORKING DIVER  
 NITROX CERTIFICATION  VARIABLE VOLUME DRY SUIT Other \_\_\_\_\_

I have reviewed the attached certification request, including the physical examination report and consider it to be complete for final review. There are no obvious omissions nor obvious inconsistencies with NOAA authorization requirements nor NOAA Diving Medical Evaluation Criteria.

**ALL FIELDS MUST BE FILLED OUT AND COMPLETED FOR FINAL SUBMISSION, CERTIFICATION WILL BE DELAYED IF NOT COMPLETE!**

UDS Signature & Date: \_\_\_\_\_ **(Must be signed by applicants UDS)**