



Coastal and Marine Laboratory  
**Academic Diving Program**



**ADP Diver Resume**

Name \_\_\_\_\_ Program Entry Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Last Physical \_\_\_\_\_ Date of Last Chest x-ray \_\_\_\_\_ Date of Last EKG \_\_\_\_\_

Are there any medical conditions that limit your diving? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain on back of form.

Have you ever suffered a diving accident (hyperbaric trauma, gas embolism, decompression sickness)? If yes, explain on back of form.

**Certifications:**

Attach copies of certification cards or records of training, record agency, type, and year below

Basic diving certification \_\_\_\_\_ CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Oxygen Admin. \_\_\_\_\_ Specialty Certifications \_\_\_\_\_

**Career Open-Water Dives (estimate):**

# Dives	# Hours	Max. Depth.(fsw)	Date & Depth (fsw) of last dive _ _	Self-imposed depth limit	ft.
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**Indicate your diving experience in each of the following categories:**

E=Extensive (>20)      Moderate (5-20)      Limited (1-4)      N=None

**Diving From Vessels:**

Small Boats (up to 20 ft)	Vessels 21 – 100 ft	Vessel >100 ft
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**Shore Diving:**

Surf	Coral Reef Diving
Rocks or "Ironshore"	Turbid Water (0-5' visibility)
Kelp Forest Diving	Very Clear Water (>50' vis.) Diving

**Overhead Environments Diving:**

Ice Diving	Cave Diving	Wreck Diving
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**Freshwater Diving:**

Altitude (>2000') Diving	Ponds, Lakes, Quarries	River
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**Other:**

Blue-Water Diving	Diving EMT/Chamber Operator	Saturation Diving
Cold Water (<45°F) Diving	Dry Suit Diving	Surface-Supplied Diving
Commercial/Military/Scientific	Mud or Silt Bottom Diving	Towed Diving
Current (>½ knot) Diving	Night Diving	Saltwater Diving
Decompression Diving	Nitrox/Enriched Gas Diving	

**Research Diving Experience**

Level of Experience \_\_\_\_\_ Examples of Research Diving Projects \_\_\_\_\_

I acknowledge that I have read and understand the FSU ADP Standards for Scientific Diving, and that the information that I have provided is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_