



Coastal and Marine Laboratory
Academic Diving Program
Diving Reciprocity



VERIFICATION OF DIVER TRAINING AND EXPERIENCE, SCIENTIFIC DIVER CERTIFICATION STATUS

Diver:

Emergency Contact Name:

Relationship:

Telephone: (work)

(home)

**Alternate Emergency Contact: **

Alison Ma, University Diving Officer

Phone: (work) 850-697-2078 (fax) 850-697-3822 e-mail ama@fsu.edu

Diving Certification: Agency

Date

Level

Scientific Diving Status: Incoming Diver Diver-In-Training Scientific Diver Expired/Inactive

Reciprocity: AAUS Other _____ **Depth Certification:** _____ **FSW**

ITEM	DATE COMPLETED	EXPIRATION DATE	COMMENTS
FSU WAIVERS			
DIVE PLAN APPROVED			
DIVING MEDICAL EXAM			
CPR TRAINING AND AGENCY			
DIVING FIRST AID TRAINING AND AGENCY			
OXYGEN ADMINISTRATION TRAINING AND AGENCY			
RISK MANAGEMENT			
HAZMAT TRAINING FOR CYLINDER HANDLER			
FSU ADP WRITTEN EXAM PASSED			
DIVING RESCUE & AGENCY			
WATER SKILLS EVALUATION			
DIVING EQUIPMENT SERVICE/ EXAM/TEST	N/A		Uses FSU equipment, all in Current service
DATE OF LAST DIVE			
NUMBER OF DIVES LAST 12 MONTHS			

Comments/restrictions:

Specialty Certifications:

Dive Computer	Altitude	Dry Suit	Diving Supervisor
Nitrox	Ice/Polar	Rescue	Commercial Task Management
Mixed Gas	Closed Circuit	Dive Accident Management	Other
Night	Blue Water	Surface Supplied	Other

This diver is currently approved to dive as an ACTIVE SCIENTIFIC DIVER

University Diving Officer Signature _____ **Date** _____