

LAST NAME: _____



INDIANA UNIVERSITY

OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS
University Environmental Health and Safety

Scientific Diver Application

This application is required to obtain authorization to dive as a University Scientific Diver. Please submit the completed application and any supporting documentation to the Diving Safety Officer at: 1025 East Seventh Street, SPH 112J, Bloomington, Indiana 47405.

Part I

Personal Information

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Mailing Address: _____

Permanent Address (if different from above): _____

Work Phone: _____ Home/Cell Phone: _____

Date of Birth: _____ Height: _____ Weight: _____ Sex: _____

IU Affiliation (undergraduate student, graduate student, faculty, staff, guest, etc.): _____

IU School / Department Affiliation (campus address, if applicable): _____

Emergency Contact Information

Name (First, Last): _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Mailing Address: _____

LAST NAME: _____

Part II

Dive Training

Scientific Diving Certification History:

Scientific Diving Certification (University, State, Federal, etc.): _____

Date of Certification: _____ **Certified Depth:** _____ **Active:** Y N

Diving Safety Office Contact Information: _____

Recreational Diving Certification History:

Highest Scuba Certification Rating (agency, certification): _____

_____ **Date Received:** _____

List All Scuba Diving Certifications:

Agency	Certification Level	Date	Location	Instructor Name and Number

**Please attach a supplemental dive resume to better portray dive training, if applicable.*

Related Certifications:

Certification	Agency	Date (initial or expired)	Date (current)
First Aid			
CPR			
AED			
O ₂ Administration			
Other: _____			
Other: _____			

Specialties and Proficiencies: _____

Dive Medical:

Date of Most Recent Medical Statement with Physician's Signature: _____

**Please attach the RSTC Medical Statement complete with a physician's signature and dated within the past 12 months.*

LAST NAME: _____

Dive Activities

Total Hours Underwater: _____ **Total Number of Dives:** _____ **Max Depth:** _____

Total Number of Dives in the Past 12 Months: _____ **Max Depth in the Past 12 Months:** _____

Date of Last Dive: _____

Cumulative Number of Dives Per Depth:

0-60 Feet: _____ **61-100 Feet:** _____ **101-130 Feet:** _____ **130+ Feet:** _____

Experience:

Indicate your diving experience by using the following ranking system:

- A** For areas in which you have little dive experience, 1-5 dives.
- B** For areas in which you have some dive experience, 6-14 dives.
- C** For areas in which you have considerable dive experience, 15+ dives.

___ Ocean	___ Fresh Water	___ Aquarium	___ Blue Water
___ Boat	___ Shore	___ Surf	___ Altitude
___ Currents	___ Waves (> 3')	___ Kelp	___ Cold Water (< 70°F)
___ Deep	___ Night	___ Drift	___ Wreck
___ Navigation	___ Photography	___ Ice	___ Search & Recovery
___ Saturation	___ Full Face Mask	___ Mixed Gas	___ Low Visibility
___ Site Maintenance	___ Data Collection	___ Excavation	___ Dredging

Please describe additional diving experience not previously mentioned: _____

The information disclosed within and attached, in support of this application, is accurate, to the best of my knowledge. I agree to accept the responsibility of omissions regarding my failure to disclose accurate personal, diving, and related information.

Applicant Signature: _____ **Date:** _____

Signature

LAST NAME: _____

Application Checklist:

- Application completed in full, signed, and dated.
- RSTC Medical with a physician's signature.
- Additional documentation, if applicable:
 - Proof of an Open Water Diver or equivalent level certification.
 - Proof of Training: watermanship, confined water, rescue, open water, and exams.
 - Dive resume, certification copies, IU diver log, equipment list, etc.

Diving Safety Officer Use Only

Date Received: _____

Qualifying Checklist:

	Date Completed	Date Expires	Comments	DSO Initials
RSTC Medical Statement				
25 Logged Dives				
4 OW Dives, Past 12 Months				
First Aid				
CPR				
AED				
O2 Administration				
Watermanship Evaluation				
Confined Water Scuba Evaluation				
Rescue Evaluation				
Open Water Scuba Evaluation				
Scientific Diver Exam				
Equipment Inspection				

Actions Taken (approve, suspend, etc.): _____ Date: _____

Scientific Diver Certification Level, if Approved: _____