

DSO Review _____
Profile Created _____

Receipt Date _____
App. Complete Y / N _____
Qual Cards _____
CPR _____
O2 _____
1ST AID _____
DAN _____
Medical _____

Old Dominion University Diving Safety Program

Application for Scientific Diving Authorization

Section 1. Applicant Information

Date: _____

Applicant Name: _____ Date of Birth: _____ Sex: _____

Position Title: _____

____ Faculty ____ APT Staff ____ Graduate Student ____ Undergrad

____ Temporary ____ Non-Degree Seeking Student ____ Volunteer

____ Other (Specify): _____

Address: _____

Home Phone: _____ Primary Phone: _____

Email: _____ 2nd Phone: _____

Have you previously been as qualified scientific diver under a standard which ODU recognizes as equivalent to those specified in the ODU Diving Safety Manual (AAUS)? **Yes / No** (circle one)

If YES:

Name of Institution _____ AAUS Member? Yes / No

Diving Safety Officer Name: _____ Phone: _____

DSO Address: _____ Email: _____

Include an official letter from that institution's Diving Officer verifying scientific diver training and qualification, with copies of supporting documentation.

Planned Activity Information:

Describe Proposed Diving under ODU auspices: _____

_____ Initial depth range: _____

Expected activities (check all that apply):

____ biology/ecology ____ collecting ____ engineering ____ geology ____ oceanography

____ aquaculture ____ archaeology ____ science education ____ Equip. placement/monitoring

____ other (identify course, dates): _____

Applicant Name _____
Date Submitted to Sponsor _____

ODU Supervisor Information:

Sponsoring ODU Dept./Program: _____ Phone: _____

Dept. Address: _____

Dept. Sponsor Name: _____ Position: _____

ODU Supervisor Certification: I certify that this individual has a need to participate in scientific diving activity under University auspices for research or educational purposes, and agree to serve as a contact person and/or coordinator between him/her and the ODU AAUS Academic Diving Safety Program, should the need arise.

ODU Sponsor Signature: X _____

TO BE COMPLETED BY THE DIVER CANDIDATE

Section 2: Diving History

Name: _____ Date: _____

Part 1: Diving Training History

(Provide photocopies of all certificates and c-cards to document claimed training)

Date of First Certification: _____ Agency: _____ Location: _____

Certification Type	Agency	Date	Cert. Number	Course Duration	Location
Openwater Scuba Diver					
Advanced Diver					
Master Diver					
Scuba Rescue Leadership (AI, Dive Master)					
Instructor					
Military Diver					
Commercial Diver					

Other Applicable Dive or Water Safety Training (List Below):

Type of Training	Agency or School	Date(s)	Location

Part 2. Emergency Training History

Date of CPR Training: _____ Agency: _____

Name of Course: _____

Date of First Aid Training: _____ Agency: _____

Name of Course: _____

Date of Oxygen Training: _____ Agency: _____

Name of Course: _____

(Provide photocopies of all certificates and c-cards to document claimed training)

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Part 3. Diving Experience

A. General

Years Diving _____ Age 1st Skin Dive: _____ Age first Compressed Air Dive _____

Military Diving Experience _____

Type of Diving	Total Years	Maximum Depth	Total # Dives	# Dives Last Year	Cumulative Bottom Time
Compressed Air SCUBA					
Compressed Air Surface-supplied					
Nitrox, Open-circuit SCUBA					
Stage Decompression, O/C Scuba					
Trimix/Heliox, O/C Scuba					
Oxygen Rebreather					
Semi-closed Circuit Rebreather					
Closed-circuit Rebreather					
One-Atm. Diving Suit					

B. Activity Profile

Please list three years prior, your current year, and your total dive experience below.

Dive Log Totals 20__ 20__ 20__ 20__ Total
 Number of Dives _____
 Deepest Dive _____
 # Dives with Nitrox 22-40% _____
 # Dives with Staged Decompression _____
 # Dives with Mixed Gas _____
 # Dives/hrs. with SCR _____
 # Dives/hrs. with CCR _____

Number of Dives per day: Maximum: _____ Average: _____

List approximate number of dives (Past Year) in the following categories (enter 0 where appropriate)

Depth: < 30 feet: _____ 30-60 feet: _____ 60-100 feet: _____ 100-130 feet: _____ >130 feet: _____

Conditions: Night: _____ Low Visibility: _____ Physical Overhead: _____ Bluewater (No Bottom): _____

Platform: Shore _____ Small Boat Dives: _____ Shipboard Diving: _____ Saturation: _____

Other (Describe): _____

C. Past experience with (indicate all that apply with estimated number of dives):

_____ Sport Diving _____ Research _____ Education _____ Marine Life Collecting
 _____ Net Tending _____ Aquaculture _____ Saturation _____ Shipboard Diving
 _____ Rebreathers _____ Mixed Gas/Stage Deco _____ Hookah _____ Commercial Diving

_____ Other: _____

(Provide photocopies of all certificates and c-cards to document claimed training)

Part 4. Diving Injury History

A. Oronasal

Do you have difficulty clearing your ears on descent, or in aircraft? Yes / No

Does ear difficulty limit your diving? Yes / No

If yes, how often? _____

Have you ever experienced "ear squeeze" to the point of having temporary hearing loss? Yes / No

If yes, how often? _____

Have you ever aborted a dive because of ear problems? Yes / No

If yes, how often? _____

Have you ever had difficulty with your sinuses during a dive? Yes / No

If yes, how often? _____

Have you ever had a sinus squeeze? Yes / No

If yes, how often? _____

Have you ever aborted a dive because of sinus problems? Yes / No

If yes, how often? _____

B. DCI

Have you ever had any form of decompression illness or other diving related injury? Yes/ / No

(If Yes, attach separate statement, describing time, circumstances, nature of the injury, treatment that you received, the ultimate outcome and any lasting effects.)

APPLICANT'S AFFIDAVIT: I certify that the above information is true to the best of my knowledge and ability. I understand that misstatements on this report can result in loss of my diving privileges under Old Dominion University Academic Diving Program auspices.

Signature of Applicant: X _____ Date: _____

(Provide photocopies of all certificates and c-cards to document claimed training)