UNIVERSITY OF MIAMI/RSMAS SCIENTIFIC DIVING PROGRAM
DIVING RESUME

Name:	Today's Date:
Cell Phone:	Date of Birth:
Alternate Phone:	MPS Track/Degree:
Address:	Department/Division:
	C-Number:

Email Address _____

Emergency Contact (give name, relationship, address, and day/evening phone numbers)

_____

_____

TRAINING: Please list relevant training below including year of certification. Also submit a copy of all relevant certifications on a separate page. Relevant certs include diving, first aid, swimming, boating, etc.

1. 4.

2. 5.

3. 6.

DIVING EXPERIENCE

Total career open water scuba dives: _____ Total dives in last 12 months: _____

Deepest dive in career (depth/location): _____

Deepest dive in last year (depth/location): _____ Date of last dive: _____

Indicate with the appropriate letter, your diving experience in the following environments/conditions:

E = extensive (75+) **M** = moderate (25 - 74) **L** = limited (1 - 24) **O** = no experience

_____ small boats	_____decompression diving	_____blue-water
_____ ships	_____cold water (< 45°F)	_____turbid water
_____ shore	_____ice diving	_____wreck
_____ heavy surf	_____cave diving	_____kelp
_____ mud/silt	_____fresh water lakes	_____night
_____ dry suit	_____strong currents	_____surface supply
_____ saturation	_____chamber operation	_____coral reef
_____ altitude	_____EMT/DMT	_____nitrox/trimix
_____ commercial	_____military	_____ocean/salt

DIVE LOG: Please submit a copy from your dive log of your last 10 dives.

STATEMENT: By signing below, I certify that the above information is correct and accurate.

_____

(Print Name) (Signature) (Date)