The American Board of Wound Healing



Certified Hyperbaric Specialist Application

INSTRUCTIONS & REQUIREMENTS

The following items must be accomplished by the applicant:

- ✓ Copy of Certificate of Completion of an approved (ACHM, US Armed Forces, or UHMS) 40-hour introductory hyperbaric medicine course
- ✓ Completion of Core Competencies (attached)
 - Hyperbaric Therapy (Basic Knowledge, Chamber Operations & Equipment, Safety & Emergency Procedures, Hyperbaric Patient Management)
 - Core Competencies must be verified and endorsed by your employer, Medical Director or Program Manager validating your clinical experience detailed in the Core Competency Checklists.
- ✓ Copy of CHT Certification (if applying for reciprocity)
- ✓ Copy of State License (if applicable)
- ✓ Copy of Resume

Upload your application directly to the abwh site under "Submit Your Application"

CERTIFIED HYPERBARIC SPECIALIST CORE COMPETENCY CHECKLIST



Applicant's Name:	

BASIC HYPERBARIC KNOWLEDGE AND GAS LAWS

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CHS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Understand the physics related to pressure exposures	
2	Perform basic calculations for the conversion of common units used in diving and hyperbaric	
	practice (examples include feet/meters, psi/bar/Pa, Kg/pound etc.)	
3	Explain basic physical units used in diving and hyperbaric practice	
4	Understand and explain Boyle's Law and its effect on the patient and equipment	
5	Understand and explain Dalton's Law and its effect on the patient and equipment	
6	Understand and explain Charles' Law and its effect on the patient and equipment	
7	Understand and explain Henry's Law and its effect on the patient and equipment	
8	Discuss the principles of heat transfer by conduction, convection and radiation	
9	Describe the primary mechanisms of action for hyperbaric oxygen therapy	
10	List all Traditional (Labeled) indications for clinical hyperbaric oxygen therapy and explain how	
	each indication benefits from treatment	
11	Explain the direct effects of pressure change and the primary sites where barotrauma may	
	occur and how to prevent and resolve related issues	
12	Describe the signs and symptoms of decompression illness (DCI)	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

APPLICANT SIGNATURE:	DATE:	

I have supervised the above applicant and attest that he	e/she has demonstrated competency in the basic medical	
knowledge and clinical skills listed on the Core Compete	•	
understand that the applicant intends to submit this check		
Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application crevocation of the applicant's CHS certification.		
SUPERVISOR NAME:	TITLE:	
SUPERVISOR SIGNATURE:	DATE:	

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

Applicant's Name:

CERTIFIED HYPERBARIC SPECIALIST CORE COMPETENCY CHECKLIST



CHAMBER OPERATIONS, EQUIPMENT AND ENVIRONMENT

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CHS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
	Understand and demonstrate the following procedures for chamber operations and life support	
1	systems: Test for purity of gases, Elemental gas schematics and their interactions when mixed,	
	Mathematical calculations of gas usage	
2	Understand and explain the principles and use and calibration of gas analyzers	
3	Demonstrate methods of identifying gas impurities	
4	Explain the importance of oxygen purity in a gas delivery system and gas line filtration	
5	Demonstrate calibration of gas analyzers and the delivery of multiple gases during hyperbaric operations	
6	Show how to monitor the chamber for depth, temperature and humidity using available types of equipment	
7	Explain gas stratification and its prevention	
8	Maintain a legible and accurate record of all aspects of a hyperbaric system	
9	Maintain a gas status board showing gas reserves and mixtures	
10	Possess a basic understanding in the use and operation of biomedical devices within the	
10	department	
	Be able to perform and assist in basic clinical procedures related to the treatment of the	
11	hyperbaric patient to include: report to nurse or physician an accurate medical history, obtain	
11	vital signs, pulse, respiratory rate, body temperature, and blood pressure, and observe for	
	changes in neurological status	
12	Be able to perform and assist in basic EKG recognition; set alarm parameters; print and post	
12	strip	
13	Demonstrate ability to safely operate all stretchers, gurneys, wheelchairs, beds and other	
13	assistive devices	
14	Be able to perform and assist in the use of glucometer and comply with quality control (QC)	
14	measures	
15	Be able to perform and assist in patient preparation for treatment to include: body positioning	

	of patients, utilization of cotton garments or other approved materials as in chamber garments,		
	EKG placement, age specific patient education on fundamentals of HBO treatment, and		
	providing comfort measures with approved safety constraints.		
16	Have a basic understanding of the risks, side effects and hazards of certain medications in the		
	hyperbaric chamber.		
17	Be able to perform and assist in basic resuscitation including CPR and ability to establish an open airway		
18	Describe the signs, symptoms and treatment of hyperthermia and hypothermia		
19	Describe the effects of pressure and various medical gases on the body and the principles of		
13	decompression and therapeutic procedures		
20	Be able to demonstrate proper use and application of restraints when ordered		
21	Understand basic medical terminology and medical documentation		
22	Be able to perform and assist in age-specific patient education and teaching		
23	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements		
	Demonstrate familiarity and basic management as appropriate for the hyperbaric environment		
24	for the following: Chest Drainage System, Foley Drainage System, Intravenous (IV) Line, Pulse		
	Oximeter, Oral Suctioning, Ventilation via Bag-Valve mask Device, Oxygen Hood Application.		
25	Demonstrate proficiency in obtaining, recording and reporting basic vital signs including		
25	temperature.		
26	Demonstrate proficiency in performing a basic neurological examination		
I ha Hea	TO BE COMPLETED BY THE APPLICANT I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.		
APP	PLICANT SIGNATURE: DATE:		
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SUP	PERVISOR NAME: TITLE:		
SUP	PERVISOR SIGNATURE: DATE:		

Applicant's Name:

CERTIFIED HYPERBARIC SPECIALIST CORE COMPETENCY CHECKLIST



Applicant's Name:

HYPERBARIC PATIENT MANAGEMENT

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CHS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
	Be able to perform and assist in basic clinical procedures related to the treatment of the	
1	hyperbaric patient to include: report to nurse or physician an accurate medical history, obtain	
1	vital signs, pulse, respiratory rate, body temperature, and blood pressure, and observe for changes in neurological status	
	Demonstrate proficiency in obtaining, recording and reporting basic vital signs including	
2	temperature.	
3	Demonstrate proficiency in performing a basic neurological examination	
4	Describe the effects of pressure and various medical gases on the body and the principles of	
4	decompression and therapeutic procedures	
5	Understand basic medical terminology and medical documentation	
6	Be able to perform and assist in age-specific patient education and teaching	
7	Have a basic understanding of the risks, side effects and hazards of certain medications in the	
	hyperbaric chamber.	
8	Demonstrate ability to safely operate all stretchers, gurneys, wheelchairs, beds and other	
0	assistive devices	
9	Be able to perform and assist in basic EKG recognition; set alarm parameters; print and post	
9	strip	
9	Be able to perform and assist in the use of glucometer and comply with quality control (QC) measures	
10	Be able to perform and assist in basic resuscitation including CPR and ability to establish an open airway	
11	Be able to demonstrate proper use and application of restraints when ordered	
12	Describe the signs, symptoms and treatment of hyperthermia and hypothermia	
	Demonstrate familiarity and basic management as appropriate for the hyperbaric environment	
13	for the following: Chest Drainage System, Foley Drainage System, Intravenous (IV) Line, Pulse	
	Oximeter, Oral Suctioning, Ventilation via Bag-Valve mask Device, Oxygen Hood Application.	

HYPERBARIC PATIENT MANAGEMENT Ver. 03242022

	Applicant's Name:		
14	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements		
I ha	BE COMPLETED BY THE APPLICANT ave demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound aling is responsible for testing and verifying my claim of competency in these areas by formal examination. The erican Board of Wound Healing is not responsible for the actual validation of my competency in these areas.		
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SUF	PERVISOR NAME: TITLE:		

DATE:

SUPERVISOR SIGNATURE:

HYPERBARIC PATIENT MANAGEMENT Ver. 03242022

CERTIFIED HYPERBARIC SPECIALIST CORE COMPETENCY CHECKLIST



Applicant's Name:

HYPERBARIC SAFETY & EMERGENCY PROTOCOLS

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Explain and demonstrate the ability to provide clinical support and assistance in the prevention	
1	and/or management of squeeze and other barotraumas	
2	Explain and demonstrate the ability to provide clinical support and assistance in the prevention	
	and/or management of Carbon Dioxide (CO₂) retention	
3	Explain and demonstrate the ability to provide clinical support and assistance in the prevention	
3	and/or management of Carbon Monoxide (CO) poisoning	
4	Explain and demonstrate the ability to manage hyperbaric chamber contamination	
5	Explain and demonstrate the ability to manage of built in breathing system (BIBS)	
)	contamination	
6	Explain and demonstrate the ability to provide clinical support and assistance in the	
0	management of oxygen toxicity	
7	Explain and demonstrate the ability to provide clinical support and assistance in the	
′	management of nitrogen narcosis	
8	Explain and demonstrate the ability to provide clinical support and assistance in the prevention	
0	and/or management of hypoglycemic events	
9	Describe appropriate action and emergency preparedness for chamber fire, loss of oxygen, loss	
9	of power and medical catastrophes such as cardiac arrest and seizure	
10	Describe appropriate action in the event of medical catastrophes such as cardiac arrest and	
10	seizure	
	Understand and demonstrate proper infection control measures including universal	
11	precautions, the use of approved disinfectants for chamber and equipment (recognizing the	
11	risks associated with off gassing of chemicals in the chamber), proper hand washing techniques	
	and use of personal protective equipment (PPE)	

Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.	
APPLICANT SIGNATURE:	DATE:
TO BE COMPLETED BY THE MANAGER OR SUPERVISOR I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Hyperbaric Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application or revocation of the applicant's CHS certification.	
SUPERVISOR NAME:	TITLE:
STIDEDVISOD SIGNATUDE:	DATE

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound

Applicant's Name:

TO BE COMPLETED BY THE APPLICANT