

# ATTESTATION STATEMENT

## Certified Hyperbaric Specialist

I have successfully accomplished a Hyperbaric Technician Preceptorship in a hospital setting or outpatient facility consisting of a minimum of 500 hours of clinical hyperbaric training and active practice experience.

I have completed a 40-hour introductory hyperbaric medicine course or 40-hour primary training program approved by either the American College of Hyperbaric Medicine, the Undersea and Hyperbaric Medical Society, or the US Department of Defense

I attest that I have mastered the Core Competencies in Hyperbaric Therapy, as verified and endorsed by my Hyperbaric Preceptor, Medical Director or Program Manager.

I understand that CHS certification is granted upon completion of the examination, unless I am applying for reciprocity. If CHS status is initially granted based on reciprocity, I understand that prior to the expiration of the reciprocity certification period (2 years), I must successfully pass the CHS certification examination to maintain CHS status. If applying under the reciprocity pathway, I understand that following successful accomplishment of the examination my CHS status will be extended to the full 5 year certification period.

I understand that CHS certification will be valid for five (5) years and that recertification will be required to maintain active CHS status after the initial five year certification period. I am not entitled to a refund after submitting the application fee if I do not complete the process or pass the examination.

I certify that the information contained in this application is correct and complete, and understand that any recognition granted me must be returned if I have falsified or omitted information.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_