

**UNIVERSITY OF MIAMI/RSMAS SCIENTIFIC DIVING PROGRAM
DIVING RESUME**

Name:	Today's Date:
Cell Phone:	Age:
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)