



UNIVERSITY OF WASHINGTON
AAUS REQUEST FOR DIVING RECIPROCIY FORM
VERIFICATION OF DIVER TRAINING AND EXPERIENCE
 DIVING SAFETY PROGRAM
 ENVIRONMENTAL HEALTH AND SAFETY

Name of Diver _____	Date _____
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A scientific diver that is currently certified under the auspices of an organizational member institution of the American Academy of Underwater Sciences (AAUS) shall be recognized by any other organizational member of AAUS and may apply for reciprocity in order to dive with the host organization.

Organizational members that are in good standing with AAUS operate, at a minimum, under the AAUS Standards for Scientific Diving Certification and Operation of Scientific Diving Programs (1996 edition). The visiting diver will comply with the diving regulations of the host organization's Diving Safety Manual unless previously arranged by both organization's Diving Control Boards.

The host organization has the right to approve or deny this request and may require, at a minimum a checkout dive with the Diving Safety Officer (DSO) or designee of the host organization. If the request is denied, the host organization should notify the DSO of the visiting diver the reason for the denial.

The DSO for the visiting scientific diver has confirmed the following information:

	DATE		DATE
<input type="checkbox"/> Written scientific diving examination	_____	<input type="checkbox"/> First aid for diving	_____
<input type="checkbox"/> Last diving medical examination	_____	<input type="checkbox"/> Date of last dive	_____
<input type="checkbox"/> Most recent checkout dive	_____	<input type="checkbox"/> Number of dives completed within previous 12 months?	_____
<input type="checkbox"/> Scuba regulator/equipment service/test	_____	<input type="checkbox"/> Depth certification	_____
<input type="checkbox"/> CPR training (Agency) _____	_____		
<input type="checkbox"/> Oxygen administration	_____		

Any restrictions? Yes No If Yes, explain:

Please check any pertinent specialty certifications:

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Dry suit | <input type="checkbox"/> Saturation | <input type="checkbox"/> EMT | <input type="checkbox"/> Altitude |
| <input type="checkbox"/> Dive computer | <input type="checkbox"/> Decompression | <input type="checkbox"/> Dive Accident Management | <input type="checkbox"/> Ice/Polar |
| <input type="checkbox"/> Nitrox | <input type="checkbox"/> Rescue | <input type="checkbox"/> Chamber operator | <input type="checkbox"/> Cave |
| <input type="checkbox"/> Mixed gas | <input type="checkbox"/> Divemaster | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Night |
| <input type="checkbox"/> Closed circuit | <input type="checkbox"/> Instructor | <input type="checkbox"/> Blue water | <input type="checkbox"/> Other |

EMERGENCY INFORMATION

Name to notify in an emergency _____	Relationship _____
Address _____	Telephone (work) _____ Telephone (home) _____

VERIFICATION

This is to verify that the above individual is currently a certified scientific diver at University of Washington

Diving Safety Officer PLEASE PRINT _____	Signature of Diving Safety Officer _____
Telephone _____ FAX _____	Email _____ Date _____