



DAN Recompression Chamber Assistance Program (RCAP) International ATMO Safety Director Training Course Scholarship Application

Name _____ Email address _____

Current Address _____

City, State, and Zip/Postal Code _____

Current Phone Number _____ Fax Number _____

Permanent Address _____

City, State, Zip/Postal Code _____

Permanent Phone Number _____

Date of Birth _____ Sex M or F (please circle)

Place of Birth _____ Citizenship _____

How did you become aware of the ATMO Scholarship Program _____

Emergency contact information (name, phone number) _____

Hyperbaric Chamber Experience

How long have you been at current facility _____

Where did you receive your training _____

Describe your current chamber responsibilities _____

NBDHMT Certified: Yes No

Any additional comments _____

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Please attach with this application

Three (3) letters of recommendation from:

- professional/academic;
- personal contact;
- your choice.

These letters must include contact information of the writer's telephone number and email address for verification.

These letters can be sent to DAN in two ways:

- Directly from the individual writing the recommendation;
- Included in your application packet in a sealed envelope.
- A one (1) page statement on your relevant experience and why you would be a successful ATMO attendee.

To submit this application or for further information, please contact:

Joel Dovenbarger

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