

TRAINING CERTIFICATION

TO: Undersea & Hyperbaric Medical Society
21 West Colony Place, Suite 280
Durham, NC 27705
(919) 490-5140; Fax (919) 490-5149
uhms@uhms.org

This is to certify that _____ is currently in training at

_____ at _____.
Name of Facility City and State

The level of training is:

____ Postdoctoral fellows

____ Resident/Interns

____ Other Identify _____

Authorized Signature

Position or Title

Date

Training Rate: \$100.00