



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 _____

Permanent Address _____

City, State, Zip/Postal Code _____

Permanent Phone Number _____

Date of Birth _____

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 _____

over →



Please attach with this application three letters of recommendation from each of the following:

- professional/academic;
- management;
- personal contact

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

These letters can be sent via email to DAN at rcn@dan.org in two ways:

- Directly from the individual writing the recommendation;
- Included in your application

Please attach a one (1) page statement on your relevant experience, your career expectations and why you would be a successful ATMO - RCAP attendee.

To submit your application for for further assistance, please email us at rcn@dan.org