

**University of Mississippi /AAUS**  
**AAUS REQUEST FOR DIVING RECIPROCITY FORM**  
**VERIFICATION OF DIVER TRAINING AND EXPERIENCE**

Diver: \_\_\_\_\_

Date: \_\_\_\_\_

This letter serves to verify that the above listed person has met the training and pre-requisites as indicated below, and has completed all requirements necessary to be certified as a (*Scientific Diver / Diver in Training*) as established by the University of Mississippi Diving Safety Manual, and has demonstrated competency in the indicated areas. The University of Mississippi is an AAUS OM and meets or exceeds all AAUS training requirements.

**The following is a brief summary of this diver's personnel file regarding dive status at**

\_\_\_\_\_

(Date)

\_\_\_\_\_ Original diving authorization  
\_\_\_\_\_ Written scientific diving examination  
\_\_\_\_\_ Last diving medical examination      Medical examination expiration date \_\_\_\_\_  
\_\_\_\_\_ Most recent checkout dive  
\_\_\_\_\_ Scuba regulator/equipment service/test  
\_\_\_\_\_ CPR training (Agency) \_\_\_\_\_      CPR Exp. \_\_\_\_\_  
\_\_\_\_\_ Oxygen administration (Agency) \_\_\_\_\_      O2 Exp. \_\_\_\_\_  
\_\_\_\_\_ First aid for diving \_\_\_\_\_      F.A. Exp. \_\_\_\_\_  
\_\_\_\_\_ Date of last dive \_\_\_\_\_ Depth \_\_\_\_\_  
Number of dives completed within previous 12 months? \_\_\_\_\_      Depth Certification \_\_\_\_\_ fsw  
Total number of career dives? \_\_\_\_\_

Any restrictions? (Y/N) \_\_\_\_\_ if yes, explain:

Please indicate any pertinent specialty certifications or training:

Emergency Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)  
Address: \_\_\_\_\_

This is to verify that the above individual is currently a certified scientific diver at \_\_\_\_\_

Diving Safety Officer:

\_\_\_\_\_  
(Signature)      (Date)  
\_\_\_\_\_  
(Print)