



Oxford Training and Certification
7030 Whitmore Lake Rd.
Brighton, MI 48116
(248) 486-3636
regsitration@oxfordtrainingandcertification.com
OxfordCertification.com

International Certified Hyperbaric Technologist Clinical Training Notification Form

Preceptor Information

Last Name: _____ First Name: _____

Cell Phone: _____ Work / Home Phone: _____

E-mail: _____

Facility Affiliation: _____

Website Address: _____

Agreement

I have agreed to precept _____ in accordance with Oxford Training and Certification's supervised clinical internship requirements.

I hereby attest that I have reviewed the clinical training requirements, as outlined in the Hyperbaric Technology Resource Manual.

Preceptor Signature: _____ **Date:** _____