

Oxford Training and Certification 7030 Whitmore Lake Rd. Brighton, MI 48116 (248) 486-3636

 $\underline{reg sitration@oxfordtraining and certification.com}$

OxfordCertification.com

International Certified Hyperbaric Technologist (ICHT) Examination Registration Form

Last Name:	First Name:	
Please list your name as it w	ould appear on government issued I.D.	
Home Address:		
		Postal Code:
Country:		
Home Phone:	Mobile Phone:	Work Phone:
Fax:	Email:	
Institution or Affiliation:		
		Postal Code:
Country:		
Hyperbaric Training Program Attended:		
Qualifying Vocation:		
Vocation License/Certificat	ion Number (If Available/Applicable):	
Test Location (Please Sele	ct One)	
Remote / VirtualIf Other, Please Sp	nd Certification (Located at 7030 Whitmore La	ıke Road in Brighton, Michigan)
Preferred Test Date:		

Please include the following documentation with registration form and return to Oxford Training and Certification:

- A copy of driver's license or certification
- A copy of approved Introduction to Hyperbaric Medicine training course completion certificate
- Show completion of 3 preceptor TCOM studies
- Written notification of the 40-hour Supervised Clinical Internship, including the name of the intern and the name of the preceptor, along with their signature and contact information
- A letter of recommendation from your immediate supervisor verifying a minimum of 480 clinical internship hours



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Rea	istra	tion	Fees
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Re	egistration Fee (\$100.00 USD):			
	Retest (\$50.00 USD):			
	Total Due:			
Pa	ayment			
If you would like to pay via credit card, please call (248) 496-3636 to complete your payment.				
If you would like to pay via check, please send a check addressed to Oxford Training and Certification.				
Co	ode of Conduct			
	he Oxford Training and Certification Code of Conduct represents a set of rules that collectively serve to outline the esponsibilities of, or proper practices for, each International Certified Hyperbaric Technologist (ICHT).			

Statement

As an International Certified Hyperbaric Technologist, I pledge to conduct operations to the highest standards of ethics, honesty and integrity. Furthermore, I agree that in the performance of my duties:

I will conduct myself in a manner that reflects positively on Oxford Training and Certification and the discipline of hyperbaric medicine in general.

I will refrain from behavior that harms the public and professional perception of Oxford Training and Certification and the discipline of hyperbaric medicine in general.

I will conduct my employment consistent with all applicable rules, regulations and laws to which healthcare providers in general and hyperbaric medicine personnel in particular are subject.

First Name:	Last Name:	
Email:	Date:	
Signature:		