



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

## International Certified Hyperbaric Technologist (ICHT) Examination Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

*Please list your name as it would appear on government issued I.D.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Institution or Affiliation: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Hyperbaric Training Program Attended: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifying Vocation: \_\_\_\_\_

Vocation License/Certification Number (If Available/Applicable): \_\_\_\_\_

### Test Location (Please Select One)

- Oxford Training and Certification (Located at 7030 Whitmore Lake Road in Brighton, Michigan)
- Remote / Virtual
- If Other, Please Specify: \_\_\_\_\_

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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**Registration Fees**

Registration Fee (\$100.00 USD): \_\_\_\_\_

Retest (\$50.00 USD): \_\_\_\_\_

Total Due: \_\_\_\_\_

**Payment**

If you would like to pay via credit card, please call (248) 486-3636 to complete your payment.

If you would like to pay via check, please send a check addressed to Oxford Training and Certification.

**Code of Conduct**

The Oxford Training and Certification Code of Conduct represents a set of rules that collectively serve to outline the responsibilities 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: \_\_\_\_\_