

Certified Hyperbaric Specialist Application

INSTRUCTIONS & REQUIREMENTS

The following items must be accomplished by the applicant:

- ✓ Examination Registration (Accomplish online www.ABWH.net)
- ✓ Application Fee - \$300 (Submit online www.ABWH.net)
- ✓ Signed Attestation Statement (Download pdf file online www.ABWH.net)
- ✓ Copy of Certificate of Completion of an approved (ACHM, US Armed Forces, or UHMS) 40-hour introductory hyperbaric medicine course
- ✓ Completion of Core Competencies (Download pdf files online www.ABWH.net)
 - Hyperbaric Therapy (Basic Knowledge, Chamber Operations & Equipment, Safety & Emergency Procedures, Hyperbaric Patient Management)
 - Core Competencies must be verified and endorsed by your employer, Medical Director or Program Manager validating your clinical experience detailed in the Core Competency Checklists.
- ✓ Copy of CHT Certification (if applying for reciprocity)
- ✓ Copy of State License (if applicable)
- ✓ Copy of Resume

Scan and email documents to admin@abwh.net Fax to: 414-269-5464
or mail to: American Board of Wound Healing
6737 W Washington St/ Suite 3265 / West Allis, WI 53214

Please notify the ABWH at admin@abwh.net that your application has been sent. Once the complete application and documentation have been received, it will be reviewed by the ABWH. Candidates will receive notification of decision or approval to sit for the CHS Examination within 5 working days of the date the completed application is received by the ABWH.

ATTESTATION STATEMENT

Certified Hyperbaric Specialist

I have successfully accomplished a Hyperbaric Technician Preceptorship in a hospital setting or outpatient facility consisting of a minimum of 500 hours of clinical hyperbaric training and active practice experience.

I have completed a 40-hour introductory hyperbaric medicine course or 40-hour primary training program approved by either the American College of Hyperbaric Medicine, the Undersea and Hyperbaric Medical Society, or the US Department of Defense

I attest that I have mastered the Core Competencies in Hyperbaric Therapy, as verified and endorsed by my Hyperbaric Preceptor, Medical Director or Program Manager.

I understand that CHS certification is granted upon completion of the examination, unless I am applying for reciprocity. If CHS status is initially granted based on reciprocity, I understand that prior to the expiration of the reciprocity certification period (2 years), I must successfully pass the CHS certification examination to maintain CHS status. If applying under the reciprocity pathway, I understand that following successful accomplishment of the examination my CHS status will be extended to the full 5 year certification period.

I understand that CHS certification will be valid for five (5) years and that recertification will be required to maintain active CHS status after the initial five year certification period. I am not entitled to a refund after submitting the application fee if I do not complete the process or pass the examination.

I certify that the information contained in this application is correct and complete, and understand that any recognition granted me must be returned if I have falsified or omitted information.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



Applicant's Name: _____

BASIC HYPERBARIC KNOWLEDGE AND GAS LAWS

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CHS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Understand the physics related to pressure exposures	
2	Perform basic calculations for the conversion of common units used in diving and hyperbaric practice (examples include feet/meters, psi/bar/Pa, Kg/pound etc.)	
3	Explain basic physical units used in diving and hyperbaric practice	
4	Understand and explain Boyle's Law and its effect on the patient and equipment	
5	Understand and explain Dalton's Law and its effect on the patient and equipment	
6	Understand and explain Charles' Law and its effect on the patient and equipment	
7	Understand and explain Henry's Law and its effect on the patient and equipment	
8	Discuss the principles of heat transfer by conduction, convection and radiation	
9	Describe the primary mechanisms of action for hyperbaric oxygen therapy	
10	List all Traditional (Labeled) indications for clinical hyperbaric oxygen therapy and explain how each indication benefits from treatment	
11	Explain the direct effects of pressure change and the primary sites where barotrauma may occur and how to prevent and resolve related issues	
12	Describe the signs and symptoms of decompression illness (DCI)	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

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DATE: _____

Applicant's Name: _____

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Hyperbaric Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application or revocation of the applicant's CHS certification.

SUPERVISOR NAME: _____ TITLE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC SPECIALIST

CORE COMPETENCY CHECKLIST

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CHAMBER OPERATIONS, EQUIPMENT AND ENVIRONMENT

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Understand and demonstrate the following procedures for chamber operations and life support systems: Test for purity of gases, Elemental gas schematics and their interactions when mixed, Mathematical calculations of gas usage	
2	Understand and explain the principles and use and calibration of gas analyzers	
3	Demonstrate methods of identifying gas impurities	
4	Explain the importance of oxygen purity in a gas delivery system and gas line filtration	
5	Demonstrate calibration of gas analyzers and the delivery of multiple gases during hyperbaric operations	
6	Show how to monitor the chamber for depth, temperature and humidity using available types of equipment	
7	Explain gas stratification and its prevention	
8	Maintain a legible and accurate record of all aspects of a hyperbaric system	
9	Maintain a gas status board showing gas reserves and mixtures	
10	Possess a basic understanding in the use and operation of biomedical devices within the department	
11	Be able to perform and assist in basic clinical procedures related to the treatment of the hyperbaric patient to include: report to nurse or physician an accurate medical history, obtain vital signs, pulse, respiratory rate, body temperature, and blood pressure, and observe for changes in neurological status	
12	Be able to perform and assist in basic EKG recognition; set alarm parameters; print and post strip	
13	Demonstrate ability to safely operate all stretchers, gurneys, wheelchairs, beds and other assistive devices	
14	Be able to perform and assist in the use of glucometer and comply with quality control (QC) measures	
15	Be able to perform and assist in patient preparation for treatment to include: body positioning	

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	of patients, utilization of cotton garments or other approved materials as in chamber garments, EKG placement, age specific patient education on fundamentals of HBO treatment, and providing comfort measures with approved safety constraints.	
16	Have a basic understanding of the risks, side effects and hazards of certain medications in the hyperbaric chamber.	
17	Be able to perform and assist in basic resuscitation including CPR and ability to establish an open airway	
18	Describe the signs, symptoms and treatment of hyperthermia and hypothermia	
19	Describe the effects of pressure and various medical gases on the body and the principles of decompression and therapeutic procedures	
20	Be able to demonstrate proper use and application of restraints when ordered	
21	Understand basic medical terminology and medical documentation	
22	Be able to perform and assist in age-specific patient education and teaching	
23	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements	
24	Demonstrate familiarity and basic management as appropriate for the hyperbaric environment for the following: Chest Drainage System, Foley Drainage System, Intravenous (IV) Line, Pulse Oximeter, Oral Suctioning, Ventilation via Bag-Valve mask Device, Oxygen Hood Application.	
25	Demonstrate proficiency in obtaining, recording and reporting basic vital signs including temperature.	
26	Demonstrate proficiency in performing a basic neurological examination	

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CERTIFIED HYPERBARIC SPECIALIST

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HYPERBARIC PATIENT MANAGEMENT

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Be able to perform and assist in basic clinical procedures related to the treatment of the hyperbaric patient to include: report to nurse or physician an accurate medical history, obtain vital signs, pulse, respiratory rate, body temperature, and blood pressure, and observe for changes in neurological status	
2	Demonstrate proficiency in obtaining, recording and reporting basic vital signs including temperature.	
3	Demonstrate proficiency in performing a basic neurological examination	
4	Describe the effects of pressure and various medical gases on the body and the principles of decompression and therapeutic procedures	
5	Understand basic medical terminology and medical documentation	
6	Be able to perform and assist in age-specific patient education and teaching	
7	Have a basic understanding of the risks, side effects and hazards of certain medications in the hyperbaric chamber.	
8	Demonstrate ability to safely operate all stretchers, gurneys, wheelchairs, beds and other assistive devices	
9	Be able to perform and assist in basic EKG recognition; set alarm parameters; print and post strip	
9	Be able to perform and assist in the use of glucometer and comply with quality control (QC) measures	
10	Be able to perform and assist in basic resuscitation including CPR and ability to establish an open airway	
11	Be able to demonstrate proper use and application of restraints when ordered	
12	Describe the signs, symptoms and treatment of hyperthermia and hypothermia	
13	Demonstrate familiarity and basic management as appropriate for the hyperbaric environment for the following: Chest Drainage System, Foley Drainage System, Intravenous (IV) Line, Pulse Oximeter, Oral Suctioning, Ventilation via Bag-Valve mask Device, Oxygen Hood Application.	

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14	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements	
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HYPERBARIC SAFETY & EMERGENCY PROTOCOLS

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of squeeze and other barotraumas	
2	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of Carbon Dioxide (CO ₂) retention	
3	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of Carbon Monoxide (CO) poisoning	
4	Explain and demonstrate the ability to manage hyperbaric chamber contamination	
5	Explain and demonstrate the ability to manage of built in breathing system (BIBS) contamination	
6	Explain and demonstrate the ability to provide clinical support and assistance in the management of oxygen toxicity	
7	Explain and demonstrate the ability to provide clinical support and assistance in the management of nitrogen narcosis	
8	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of hypoglycemic events	
9	Describe appropriate action and emergency preparedness for chamber fire, loss of oxygen, loss of power and medical catastrophes such as cardiac arrest and seizure	
10	Describe appropriate action in the event of medical catastrophes such as cardiac arrest and seizure	
11	Understand and demonstrate proper infection control measures including universal precautions, the use of approved disinfectants for chamber and equipment (recognizing the risks associated with off gassing of chemicals in the chamber), proper hand washing techniques and use of personal protective equipment (PPE)	

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