DAN Registration Form
(Registration Form, Statement of Understanding, Exam Answer Sheets and Practical Evaluation Record are to be retained by the instructor for seven years)

Course Location _________________________________________ Date _____________________
DAN Instructor ___________________________________________________________________

PERSONAL INFORMATION
Name _________________________________  DOB___________  DAN Member #___________
Address _________________________________________________________________________
Home Phone ( _____ ) ___________________  Mobile Phone ( _____ ) _____________________
Work Phone ( _____ ) ____________________ Fax Phone ( _____ ) ________________________
Email Address __________________________________________________________________

STATEMENT OF UNDERSTANDING
(Agreement between DAN Instructor and Student)

Student Initials

_____ I am participating in the Divers Alert Network training program Diving Emergency Management Provider (DEMP). Successful completion of this course prepares me to provide care in the event of a diving emergency.

_____ I further understand that my training prepares me to provide care in the event of an emergency consistent with accepted first-aid training guidelines.

_____ I further understand that it is required that I refresh my training every two years, as indicated on the provider course completion card.

_____ I further understand that emergency situations can be dangerous and that exposure to blood and bodily fluids can lead to potential illness. I understand that I can minimize the risk of disease transmission by using appropriate barrier devices and hereby agree to do so.

_____ In consideration of mutually beneficial and valuable covenants and services exchanged herein, the undersigned hereby waives any and all claims against his or her DAN Instructor as well as Divers Alert Network, whether grounded in personal injury, wrongful death, or damage to property arising from the teaching of this course by the undersigned DAN Instructor and further agrees to indemnify the DAN Instructor and/or DAN from any claims arising or caused by the undersigned's failure to follow said instruction or breech of any of the above items.

Student Signature _____________________________ Date _____________________

DAN Instructor Signature __________________________ Date _____________________

Parent or Guardian Signature _________________________ Date _____________________
(Required if student is under 18 years of age.)

Important: This form is to be completed and signed by the student and returned to the DAN Instructor prior to completion of the Diving Emergency Management Provider (DEMP) course and certification. A copy of this document can be obtained from your DAN Instructor and is paraphrased on your provider card.

(To be retained by the DAN Instructor)
Basic Life Support: CPR and First Aid
Answer Sheet

Final examination may be administered in written or oral form.
Each question must be reviewed with each student to ensure 100 percent comprehension of the material.
Questions have only one correct answer.

Name _____________________________________ Date__________ Test Score__________

A  B  C  D  A  B  C  D  A  B  C  D  A  B  C  D  A  B  C  D  A  B  C  D
1 ❑ ❑ ❑ ❑ 5 ❑ ❑ ❑ ❑ 9 ❑ ❑ ❑ ❑ 13 ❑ ❑ ❑ ❑ 17 ❑ ❑ ❑ ❑
2 ❑ ❑ ❑ ❑ 6 ❑ ❑ ❑ ❑ 10 ❑ ❑ ❑ ❑ 14 ❑ ❑ ❑ ❑ 18 T ❑ F ❑
3 ❑ ❑ ❑ ❑ 7 T ❑ F ❑ 11 ❑ ❑ ❑ ❑ 15 ❑ ❑ ❑ ❑ 19 ❑ ❑ ❑ ❑
4 ❑ ❑ ❑ ❑ 8 ❑ ❑ ❑ ❑ 12 ❑ ❑ ❑ ❑ 16 ❑ ❑ ❑ ❑ 20 T ❑ F ❑

I have reviewed this examination with the course instructor. I understand the correct response as indicated by my initials. Any questions regarding this examination and the contents of this course have been answered to my satisfaction.

Student Signature ___________________________________________ Date _______________

Neurological Assessment
Answer Sheet

Final examination may be administered in written or oral form.
Each question must be reviewed with each student to ensure 100 percent comprehension of the material.
Questions have only one correct answer.

Name _____________________________________ Date__________ Test Score__________

A  B  C  D  A  B  C  D  A  B  C  D  A  B  C  D  A  B  C  D  A  B  C  D
1 ❑ ❑ ❑ ❑ 5 T ❑ F ❑ 9 T ❑ F ❑ 13 T ❑ F ❑ 17 T ❑ F ❑
2 T ❑ F ❑ 6 ❑ ❑ ❑ ❑ 10 T ❑ F ❑ 14 ❑ ❑ ❑ ❑ 18 ❑ ❑ ❑ ❑
3 ❑ ❑ ❑ ❑ 7 ❑ ❑ ❑ ❑ 11 T ❑ F ❑ 15 ❑ ❑ ❑ ❑ 19 T ❑ F ❑
4 ❑ ❑ ❑ ❑ 8 ❑ ❑ ❑ ❑ 12 ❑ ❑ ❑ ❑ 16 ❑ ❑ ❑ ❑ 20 T ❑ F ❑

I have reviewed this examination with the course instructor. I understand the correct response as indicated by my initials. Any questions regarding this examination and the contents of this course have been answered to my satisfaction.

Student Signature ___________________________________________ Date _______________
Final examination may be administered in written or oral form.

Each question must be reviewed with each student to ensure 100 percent comprehension of the material.

Questions have only one correct answer.

Name ____________________ Date __________ Test Score _________

Identify Standard DAN Oxygen Components.

1. _____ Tru-Fit® mask
2. _____ Oxygen cylinder and valve
3. _____ DISS threaded outlets
4. _____ T-handle
5. _____ Handwheel wrench
6. _____ Constant-flow outlet
7. _____ Barbed constant-flow outlet
8. _____ Demand inhalator valve
9. _____ Multifunction regulator
10. _____ Oronasal resuscitation mask with oxygen inlet
11. _____ Nonrebreather mask
12. _____ Intermediate pressure hose
13. _____ Pressure gauge
14. _____ MTV

I have reviewed this examination with the course instructor. I understand the correct response as indicated by my initials. Any questions regarding this examination and the contents of this course have been answered to my satisfaction.

Student Signature ________________________________ Date __________
**Basic Life Support: CPR and First Aid**  
**Practical Evaluation Record**

**Student Name** ___________________________

<table>
<thead>
<tr>
<th>Provider Skills Development</th>
<th>Instructor Initials</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Scene safety assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Donning and doffing gloves after use</td>
<td></td>
<td></td>
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<tr>
<td>• Initial assessment</td>
<td></td>
<td></td>
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<tr>
<td>• Recovery position</td>
<td></td>
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<tr>
<td>• Chest compressions</td>
<td></td>
<td></td>
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<tr>
<td>• Ventilations</td>
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<td></td>
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<tr>
<td>• Full CPR</td>
<td></td>
<td></td>
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<tr>
<td>• Automated external defibrillator (AED)</td>
<td></td>
<td></td>
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<tr>
<td>• Foreign-body airway obstruction</td>
<td></td>
<td></td>
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<tr>
<td>• Secondary assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am comfortable with my skills performance as a DAN Basic Life Support: CPR and First Aid provider.

I have reviewed these skills with the course instructor. I understand the correct method as indicated by my initials. Any questions regarding these skills and the contents of this course have been answered to my satisfaction.

Student signature ________________________________________   Date ________________

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**Neurological Assessment**  
**Practical Evaluation Record**

<table>
<thead>
<tr>
<th>Provider Skills Development</th>
<th>Instructor Initials</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• F-A-S-T assessment</td>
<td></td>
<td></td>
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<tr>
<td>• Taking a history</td>
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<tr>
<td>• Taking vital signs</td>
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<tr>
<td>• Mental function</td>
<td></td>
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<tr>
<td>• Cranial nerves</td>
<td></td>
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<tr>
<td>• Motor function (strength)</td>
<td></td>
<td></td>
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<tr>
<td>• Coordination and balance</td>
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</tr>
</tbody>
</table>

I am comfortable with my skills performance as a DAN Neurological Assessment provider.

I have reviewed these skills with the course instructor. I understand the correct method as indicated by my initials. Any questions regarding these skills and the contents of this course have been answered to my satisfaction.

Student signature ___________________________________________ Date ________________
## Emergency Oxygen for Scuba Diving Injuries
### Practical Evaluation Record

<table>
<thead>
<tr>
<th>Student Name</th>
<th>______________________________</th>
<th>Provider Skills Development</th>
<th>Instructor Initials</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oxygen equipment identification, disassembly and assembly</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
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<tr>
<td></td>
<td>Demand inhalator valve</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nonrebreather mask</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
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<tr>
<td></td>
<td>Resuscitation with a bag valve mask</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
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<tr>
<td></td>
<td>Using an MTV</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
</tr>
</tbody>
</table>

I am comfortable with my skills performance as a DAN Emergency Oxygen for Scuba Diving Injuries provider.

I have reviewed these skills with the course instructor. I understand the correct method as indicated by my initials. Any questions regarding these skills and the contents of this course have been answered to my satisfaction.

Student signature __________________________ Date ________________

## First Aid for Hazardous Marine Life Injuries
### Practical Evaluation Record

<table>
<thead>
<tr>
<th>Student Name</th>
<th>______________________________</th>
<th>Provider Skills Development</th>
<th>Instructor Initials</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shock management</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
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<tr>
<td></td>
<td>Injury management</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
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<tr>
<td></td>
<td>Pressure immobilization technique</td>
<td>____________________</td>
<td>____________________</td>
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<tr>
<td></td>
<td>Traumatic injuries (control of external bleeding)</td>
<td>____________________</td>
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<tr>
<td></td>
<td>Applying a tourniquet</td>
<td>____________________</td>
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<tr>
<td></td>
<td>Severe allergic reactions</td>
<td>____________________</td>
<td>____________________</td>
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</tr>
</tbody>
</table>

I am comfortable with my skills performance as a DAN First Aid for Hazardous Marine Life provider.

I have reviewed these skills with the course instructor. I understand the correct method as indicated by my initials. Any questions regarding these skills and the contents of this course have been answered to my satisfaction.

Student signature __________________________ Date ________________

## Dive Accident Management Preparation
### Practical Evaluation Record

<table>
<thead>
<tr>
<th>Student Name</th>
<th>______________________________</th>
<th>Provider Skills Development</th>
<th>Instructor Initials</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency assistance plan</td>
<td>____________________</td>
<td>____________________</td>
<td></td>
</tr>
</tbody>
</table>

I am comfortable with my skills performance in dive accident management preparation.

I have reviewed these skills with the course instructor. I understand the correct method as indicated by my initials. Any questions regarding these skills and the contents of this course have been answered to my satisfaction.

Student signature __________________________ Date ________________