DAN Registration Form

(Registration Form, Statement of Understanding, Exam Answer Sheet and Practical Evaluation Record to be retained by the Instructor for 7 years)

Course Location _________________________________________ Date ______________________
DAN Instructor _____________________________________________________________________

PERSONAL INFORMATION

Name _____________________________________  Date of Birth ________  DAN Member #_______
Address ____________________________________________________________________________
Home Phone ( _____ ) ______________________ Mobile Phone ( _____ ) ______________________
Work Phone ( _____ ) ______________________  Fax Phone ( _____ ) _________________________
Email Address  ________________________________________________________________________

STATEMENT OF UNDERSTANDING

(Agreement Between DAN Instructor and Provider)

Student Initials

______ I am participating in the Divers Alert Network (DAN) training program, First Aid for Hazardous Marine Life Injuries (HMLI). Successful completion of this course prepares me to assess an individual’s condition and collect information useful to a physician.

______ I further understand that it is my responsibility to maintain current knowledge and skills sufficient to provide first aid for injuries from hazardous marine life.

______ I further understand that it is required that I refresh my HMLI provider training every two years, as indicated on the DAN HMLI 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 DAN HMLI Provider 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)
First Aid for Hazardous Marine Life Injuries
Exam Answer Sheet

Final examination may be administered in written or oral form.

Each question must be reviewed with each student so that 100 percent comprehension of the material is ensured.

Questions have only one correct answer.

Name __________________________________________ Date__________ Test Score____________

A  B  C  D
1 ❑❑❑❑ 10 ❑❑❑❑ 19 ❑❑❑❑ 28 T❑F❑
2 T❑F❑ 11 T❑F❑ 20 T❑F❑ 29 T❑F❑
3 ❑❑❑❑ 12 ❑❑❑❑ 21 T❑F❑ 30 ❑❑❑❑
4 T❑F❑ 13 T❑F❑ 22 T❑F❑
5 ❑❑❑❑ 14 T❑F❑ 23 ❑❑❑❑
6 ❑❑❑❑ 15 ❑❑❑❑ 24 ❑❑❑❑
7 ❑❑❑❑ 16 ❑❑❑❑ 25 T❑F❑
8 ❑❑❑❑ 17 ❑❑❑❑ 26 T❑F❑
9 ❑❑❑❑ 18 T❑F❑ 27 ❑❑❑❑

First Aid for Hazardous Marine Life Injuries
Practical Evaluation Record

Student Name __________________

HMLI Provider Skills Development

I am comfortable with the performance of my skills as a DAN HMLI provider.

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 ________________