



**Scientific Research Diving Program**  
 Connecticut Scuba Academy Inc  
 621 Yalesville Rd Cheshire, CT 06410  
 phone 203-806-0027  
 E-mail Academy@ctscuba.org

Training or Certification	Completion Date	Agency	Expiration Date	Copy Attached?
First Aid				
CPR				
Oxygen Provider				
Last AAUS Medical				
Equipment Service Records				
Scientific Diver Training				
Scientific Diver Written Exam				
Scientific Diver-in-Training Checkout Dive				

Other relevant certifications (list and attach copies):

**Reason for applying to the Academy Research diving program & History of Water Activities:**

**Reason** (Briefly describe of why you want to join the Academy Science diving program)

**Diving** (Briefly describe scuba diving experiences and locations)

**Submit Dive Logs for your last 50 dives, or all dive in the last 12 months, whichever is greater.**

Please include all of the information from the following example.

Date	Start Time	Duration (min)	Location	Purpose(s)	Buddy First Name	Buddy Last Name	Specific Location	Surface Interval	Decompression Planning	Breathing Gas	Gear	Depth (ft)
1/19/11	8:00 AM	86	Open Water	Scientific Dive			Pickels Reef, Florida Keys	>24 hr	Computer - Suunto	Air	Scuba	21
1/19/11	10:00 AM	77	Open Water	Proficiency			Lionfish Reef, Lee Stocking Island, Bahamas	0:20	Tables- PADI	Nitrox- 32%	Scuba	20

List the number of scuba dives and bottom time you have spent in each category.

Depth	Number of Dives	Bottom Time
0-30 ft		
31-60 ft		
61-100 ft		
101-130 ft		
>131 ft		
Total Lifetime		

List the number of scuba dives and bottom time you have with a drysuit or computer.

	Make/Model	Number of Dives	Bottom Time
Drysuit			
Computer			

**Boating** (Briefly describe small boats experience-operating and/or diving):

**Part 3: Compliance Statement**

Academy research SCUBA certification allows the use of self contained underwater breathing apparatus by those who have need of this tool in their work or study. Only a person diving under the auspices of CTSA is eligible for CTSA scientific diver certification.

*State your need for Connecticut Scuba Academy's Scientific Diver certification:*

The applicant agrees that all diving under CTSA auspices will be carried out in accordance with the provisions of the CTSA Standards for Scientific Diving Manual. Violation of any regulation may result in revocation or restriction of certification.

Applicant (signature) \_\_\_\_\_ Date:

**Part 4: For Visiting Divers Only**

*Home Institution Information*

Institution:	Affiliation:
Department/Program:	
Email:	Office Phone:
Office Address:	
Supervisor Name:	Supervisor Phone:
Supervisor Email:	
DSO Name:	
DSO Email:	DSO Phone:

Additional Documents Required for Visiting Divers	Date	Copy Attached?
CTSA Scientific Diving Release and Waiver Form		
CTSA Volunteer Form		
Letter of Reciprocity		