

<p align="center"> Ocean Studies Institute (OSI) Scientific Diving Course Application – Summer 2008 At CSULB, LBAOP, SCMI, Local waters June 28 – July 13, 2008 Instructors: Jim Cvitanovich (OSI) </p>

PLEASE PRINT CLEARLY !!

Name: _____ Date: _____

Last 4 digits of SS #: _____ CSU campus: _____

Mailing Address: _____

_____ Street _____ City

_____ E-mail _____

_____ State _____ zip _____

Telephone - Day: _____ Night: _____

You are responsible for your own **medical coverage**. In addition, most health insurance policies do not cover SCUBA diving. **We now require** you to carry **Insurance for Divers**, such as that provided by Divers Alert Network (DAN): \$29 to join DAN + \$35 for the DAN Master Plan insurance (call DAN at 800-446-2671, or www.diversalertnetwork.com, or contact OSI for an application]. Contact your local dive shop to get information on other companies that provide dive insurance.

DIVING HISTORY

Diving Certification(s) Held:

<u>Agency (NAUI, PADI, etc.)</u>	<u>Level of Certification</u>	<u>Date Completed (Mo/Yr)</u>
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Total # of Dives made since initial certification: _____ Date of LAST dive: _____

Number of open water dives made in the past 12 months (*SINCE initial certification*): _____

Geographical Area(s) of diving experience: _____

I HAVE EXPERIENCE IN THE FOLLOWING: (Check **ALL** that apply)

- | | | | | | |
|-------------------------------------|--------------------------------------|----------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> Warm water | <input type="checkbox"/> Surf | <input type="checkbox"/> Wetsuit | <input type="checkbox"/> Drysuit | <input type="checkbox"/> Kelp | <input type="checkbox"/> From beach/shore |
| <input type="checkbox"/> Cold water | <input type="checkbox"/> Boat | <input type="checkbox"/> Night | <input type="checkbox"/> Currents | <input type="checkbox"/> Nitrox | <input type="checkbox"/> Limited visibility |
| <input type="checkbox"/> Blue water | <input type="checkbox"/> Cave/cavern | <input type="checkbox"/> Wreck | <input type="checkbox"/> Other (specify) _____ | | |

Send this completed application with a check in the amount of \$385 for OSI divers (\$585 for non-OSI divers), payable to “USC/SCMI” to:

<p align="center"> Ocean Studies Institute 820 South Seaside Avenue Terminal Island, CA 90731 Attn: Jim Cvitanovich </p>

You must also complete, and send additional OSI Diving forms:

Scientific diving **application, waiver, three medical forms**). You may download these forms at:

www.csulb.edu/web/labs/sharklab/divingprogram/index.html, or

<http://osi.scmi.us> and click on “OSI Diving Program”

For questions or more information contact Jim Cvitanovich via Email: cvitanov@csulb.edu

Or phone Jim at: Cell (310) 560-9917 or leave a message at SCMI (310) 519-3172