DHEC
PROMOTE PROTECT PROSPER

SC DHEC Division of EMS & Trauma
Certification Application Form

SC State Certification Number	SSN (Last 4 #s)	National Registry Certification Number
SC		
		National Registry Cert. Exp. Date

Level of Certification (Check One)					
	EMT		I-85/AEMT		PARAMEDIC

Last Name	First Name

E-Mail Address	Date of Birth (mm/dd/yyyy)

Mailing Address

City, State, Zip Code

Home Phone Number (Including Area Code)	Cell Phone Number (Including Area Code)

Attach the Following Credentials

**Out of State Credential
or
National Registry Credential**

*Attach a copy of your current Out of State or
NREMT Credential*

(Out of State Credential must have at least 1 year remaining)

BLS (CPR) Credential
Attach a copy of a valid / current BLS Credential

BLS card MUST be one of the following:

*AHA: BLS for the Healthcare Professional
ARC: CPR for the Professional Rescuer
ASHI: CPR Pro*

Additional Credential for Paramedics

Advanced Cardiac Life Support (ACLS) Credential
Attach a copy of your valid current ACLS Credential

ACLS credential MUST be one of the following:

*AHA: ACLS
ASHI: ACLS*

SC State Criminal Background Check

*Attach a copy of your IBT
fingerprint receipt*

*You may call IBT at
866-254-2366
to make an appointment*

SC DHEC EMS <u>ORI</u> #: SC920111Z

*I hereby affirm that all statements on this form are true and correct, including the copies of all cards,
certifications, and attachments. It is understood that false statements or documents may be sufficient cause for denial/revocation of my EMT
credential by SC DHEC. It is also understood that SC DHEC may conduct a full audit of all activities listed on this form at any time.*

Your Signature (Must be original signature) & Date Signed