



**SC DHEC Division of EMS & Trauma**  
**State In-Service Training Re-Certification Form for Paramedic**

SC State Certification Number

SC

SC State Expiration Date

SSN (Last 4 #s)

National Registry Certification Number

National Registry Cert. Exp. Date

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)

**In-Service Training (IST) 2011 Option**

**Section IA & 1B: Paramedic Traditional Refresher Requirement**  
**(Must satisfy all refresher requirements every two years)**

Paramedic "Traditional" Refresher Requirement						
(1A) 1st two-year period			Topics	(1B) 2nd two-year period		
Date	Method	Hours		Hours	Method	Date
		6	Preparatory	6		
		6	Airway Management	6		
		10	Trauma	10		
		18	Medical	18		
		6	Special Considerations	6		
		2	Operations	2		
		48	Total	48		

If a formal Paramedic Refresher course was completed, please attach a copy of the course completion certificate for each two-year period.

Section 1A & 1B:

A maximum of **10 hours** can be applied from Distributive Education toward refresher requirements and must be CECBEMS or DHEC approved.

**Section IC & 1D: Paramedic Refresher Requirement (Must satisfy all refresher requirements every two years)**

## Paramedic Refresher Requirement

(1C) 1st two-year Period			Divisions	(1D) 2nd two-year period		
Date	Method	Hours		Hours	Method	Date
			<b>Airway, Breathing and Cardiology</b>			
			<i>A 16 hour ACLS course meets all objectives for this division</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		8	<i>Provide ventilatory support for a patient</i>	8		
			<i>Provide care to a pt experiencing cardiovascular compromise</i>			
			<i>Attempt to resuscitate a patient in cardiac arrest</i>			
			<i>Provide post resuscitation care to a cardiac arrest patient</i>			
			<b>Flexible Core</b>			
		8	<i>Assess &amp; provide care for an adult pt in respiratory distress</i>	8		
			<i>Use oxygen delivery system components</i>			
			<i>Perform techniques to assure a patient airway</i>			
			<i>Assess &amp; provide care to a pt experiencing non-traumatic chest pain/discomfort</i>			
			<b>Medical Emergencies</b>			
			<i>A 16 hour AMLS course meets all objectives for this division</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		3	<i>Assess &amp; provide care to a pt experiencing an allergic reaction</i>	3		
			<i>Assess &amp; provide care to a near-drowning patient</i>			
			<i>Assess a patient with possible overdose</i>			
			<b>Flexible Core</b>			
		5	<i>Assess &amp; provide care to a pt w/ altered mental status</i>	5		
			<i>Assess &amp; provide care to a pt experiencing a seizure</i>			
			<i>Assess &amp; provide care to a pt w/a behavioral problem</i>			
			<i>Assess &amp; provide care to a pt w/a history of diabetes</i>			
			<i>Assess &amp; provide care to a pt exposed to heat and cold</i>			
			<i>Assess &amp; provide care to a pt w/suspected communicable disease</i>			
			<b>Trauma</b>			
			<i>A 16 hour PHTLS, BTLS, ITLS meets all objectives</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		5	<i>Perform a rapid trauma assessment</i>	5		
			<i>Assess &amp; provide care to a pt w/suspected spinal injury</i>			
			<i>Provide care to a pt w/an open abdominal injury</i>			
			<i>Assess a patient with a chest injury</i>			
			<i>Assess a patient with a head injury</i>			
			<i>Provide care to a pt with shock/hypoperfusion</i>			
			<b>Flexible Core</b>			
		1	<i>Provide care to a pt w/a painful, swollen, deformed extremity</i>	1		
			<i>Assess and provide care to a pt with a burn injury</i>			
			<b>Obstetrics &amp; Pediatrics</b>			
			<i>A 16 hour PEPP, PPC, PALS course meets all objectives</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		8	<i>Assess &amp; provide care to an infant/child w/cardiac arrest</i>	8		
			<i>Assess &amp; provide care to an infant/child w/shock/hypoperfusion</i>			
			<i>Assess &amp; provide care to an infant/child w/respiratory distress</i>			
			<i>Assess &amp; provide care to an infant/child w/trauma</i>			
			<b>Flexible Core</b>			
		8	<i>Assess &amp; provide care to an infant/child w/suspected abuse or neglect</i>	8		
			<i>Assess &amp; provide care for the obstetric patient</i>			
			<i>Provide care to the mother immediately following delivery of a newborn</i>			
			<i>Assess &amp; provide care to an infant/child w/a fever</i>			
			<i>Provide care to a newborn</i>			
			<b>Operational Tasks: Flexible Core</b>			
		2	<i>Use body mechanics when lifting &amp; moving pts</i>	2		
			<i>Communicate with patient while providing care</i>			
		48	Totals	48		

Section 1C & 1D:	A maximum of <b>10 hours</b> can be applied from Distributive Education toward refresher requirements and must be CECBEMS or DHEC approved.
------------------	---

## Section II A &amp; B: Continuing Education Requirement (Must satisfy all CE requirements every two years)

*24 hours of Continuing Education Required every Two-Years*

[illegible][illegible]

Sections 1 & 2:	May be satisfied every two years by successful completion of the National Registry Paramedic "Assessment" Exam. Documentation of successful examination must be within 60 days of the end of each two-year cycle.
-----------------	---

Section 2A & 2B:	A maximum of <b>12 hours</b> can be applied from Distributive Education toward CE requirements and must be CECBEMS or DHEC approved.
	Hour for hour credit can be applied from each of the following: ABLS, ACLS, AMLS, BTLS, ITLS, NALS, PALS, PEPP, PHTLS, PPC, etc.
	A maximum of <b>12 hours</b> can be applied from Emergency Driving, Dispatch Training or Teaching CPR.
	A maximum of <b>12 hours</b> can be applied from any <b>one</b> topic area.
	Hour for hour credit can be applied from college-level courses relating to EMS.

**Section III A & B: Verification of Skill Competence (Must satisfy every two years)**

Paramedic Skill Competence				
(3A) 1st two-year period			(3B) 2nd two-year period	
Date	Method	Skill	Method	Date
		<b>Patient Assessment/Management</b>		
		<i>Medical</i>		
		<i>Trauma</i>		
		<b>Ventilatory Management Skills/Knowledge</b>		
		<i>Simple Adjuncts</i>		
		<i>Supplemental Oxygen Delivery</i>		
		<i>Alternative Airways</i>		
		<i>(PTL, Combi-Tube, etc.)</i>		
		<i>Endotracheal Intubation (adult &amp; pediatric)</i>		
		<i>Chest Decompression</i>		
		<i>Transtacheal Jet Ventilation/Cricothyrotomy</i>		
		<b>Cardiac Arrest Management</b>		
		<i>Megacode &amp; ECG Recognition</i>		
		<i>Therapeutic Modalities</i>		
		<i>Monitor/Defibrillator Knowledge</i>		
		<i>(Set-up, routine maintenance, pacing)</i>		
		<b>Hemorrhage Control &amp; Splinting Procedures</b>		
		<b>IV Therapy &amp; IO Therapy</b>		
		<i>Medication Administration</i>		
		<b>Spinal Immobilization</b>		
		<i>Seated &amp; Supine Patients</i>		
		<b>OB/Gynecologic Skills/Knowledge</b>		
		<b>Other Related Skills/Knowledge</b>		
		<i>Radio Communications</i>		
		<i>Report Writing &amp; Documentation</i>		

As the Medical Control Physician for this EMT, I do hereby affix my signature attesting to continued competence in all skills out-lined above.

Signature of Medical Control Physician (**Must be original signature**) + Date Signed

**Section IV: Other Required Credentials**

**BLS (CPR) Credential**

Attach a copy of a valid / current BLS Credential  
Expiration date must be GREATER  
than your SC state EMT expiration date

**BLS card MUST be one of the following:**

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

**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 ORI #: SC920111Z

**ACLS Credential**

Attach a copy of a valid / current ACLS Credential  
Expiration date must be GREATER  
than your SC state EMT expiration date

**ACLS card MUST be one of the following:**

AHA: ACLS  
ASHI: ACLS

I hereby affirm that all statements on the SC EMT-Paramedic Recertification form are true & correct, including the copies of cards, certificates, and other required verification. It is understood that false statements or documents may be sufficient cause for revocation of my EMT credential by SC DHEC. It is also understood that SC DHEC may conduct a full audit of all recertification activities listed on this form at any time.

Signature of IST Training Director or EMS Service Director + Date Signed

Signature of EMT Recertification candidate + Date Signed