Enclosure 03B

Advanced / Paramedic - Instructor Re-Authorization Application

SC Number: _________________

Name: ____ Date: _________________

Mailing Address: ____

City/State/Zip Code: ____

Home Phone: ___________________________ Cell Phone: ________________________

Email address: ____

- □ **ADVANCED EMT** INSTRUCTOR RE-AUTHORIZATION
- □ **PARAMEDIC** INSTRUCTOR RE-AUTHORIZATION

NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTATION:

- □ Copy of current SC & NR Paramedic cards
- □ Copy of current approved CPR (BLS) Instructor Card
- □ Copy of current approved Trauma Instructor Card
- □ Copy of current ACLS Instructor Card
- □ Copy of current approved Pediatric Instructor Card
- □ Documentation of 12 hours of approved educational CEUs)

READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

I understand that my instructor authorization(s) will not be considered without submission of the above credentials. I also understand that I will not be re-authorized unless I gain the required endorsements listed on the reverse side of this form.

____ ____________

INSTRUCTOR SIGNATURE DATE

Attach all documentation to this form and complete all information and obtain all required endorsements on the reverse side. Mail completed packet to: **SC DHEC Bureau of EMS, 2600 Bull Street, Columbia, SC 29201 – or –** email application and all required endorsements to **emscertifications@dhec.sc.gov**

********************************DHEC Use Only************************************

[ ] Does not qualify for re-authorization because: ____________________________________

____

_____

INSTRUCTOR NAME (Print)

List below any EMT courses (Advanced /Paramedic) you have taught during the last certification period.

_____	_____	[ ] Initial	[ ] Refresher
Course #	Course Sponsor		
_____	_____	[ ] Initial	[ ] Refresher
Course #	Course Sponsor		
_____	_____	[ ] Initial	[ ] Refresher
Course #	Course Sponsor		

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TRAINING CENTER **ENDORSEMENT**

I agree endorse this person for: *[ ]* ***Advanced*** *EMT Instructor Re-authorization*
[ ] ***Paramedic*** *Instructor Re-authorization*

1): *I will continue to use this instructor in my Advanced/Paramedic training program(s).*

_____

Name (**Print**): EMT Program Director

_____ _____

Signature: EMT Program Director Date

2): *I endorse this candidate for re-authorization as an Instructor.*

_____

Name (**Print**): **Medical Control Physician**

_____ _____

Signature: **Medical Control Physician** Date