

## Enclosure 03A

### *Emergency Medical Technician (EMT) – Instructor Re-Authorization Application*

Section One: Personal Contact Information

SC Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Section One: Attached is a copy of all the following required documents:

- A copy of my current CPR instructor credential (*Must be one of the following*):
  - AHA: Healthcare Provider
  - ARC: Professional Rescuer
  - ASHI: CPR Pro
- A copy of my current SC EMT Paramedic Certification
- A copy of my current NR EMT Paramedic Credential
- Documentation of 12 contact hours of SC DHEC-approved Instructor Methodology Classes during your last authorization period
- Documentation of teaching a minimum of one hundred (100) hours of an EMT course. (*Attach a copy (copies) of the course approval letter(s) which list you as the course instructor*) during you current authorization period

Please Note: “Current” means that the expiration of these credentials ***exceeds*** your current SC EMT instructor expiration date.

Section Two: EMT Program Coordinator Endorsement

*I endorse this individual to be re-certified as an EMT Instructor. In doing so, I agree to use this individual as an EMT instructor in my training institution’s EMT program and will require this individual to teach a minimum of one full initial EMT course or a minimum of two EMT refresher course during this next authorization period.*

EMT Program Coordinator’s Signature: \_\_\_\_\_

Send application and all required documents to: SC DHEC Bureau of EMS, Attention:  
Manager for Training & Certification, 2600 Bull Street, Columbia, SC 29201 – or –  
email to [emscertifications@dhec.sc.gov](mailto:emscertifications@dhec.sc.gov)