



**SC DHEC Bureau of EMS**  
**State CEP Re-certification Form for Advanced**  
**Emergency Medical Technician (2016 NCCR)**

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)

**Continuing Education Program (CEP)**

**Section 1A & 1B: 2016 National Continued Competency Requirement**

**25 hours of National Continued Competency Requirement Must Be Completed Every Two Years**

Advanced Emergency Medical Technician						
(1A) First Two Year Period				(1B) Second Two Year Period		
Date	Method	Hours	Topics	Hours	Date	Method
		2.5	Airway, Respiration, & Ventilation	2.5		
		7	Cardiovascular	7		
		3	Trauma	3		
		7.5	Medical	7.5		
		5	Operations	5		
		25	Total	25		

- Section 1A & 1B: A maximum of 8 hours can be applied from Distributive Education toward the National Continued Competency Requirements and must be CECBEMS or DHEC approved.

**Section 2A & 2B: Local Continued Competency Requirement**

***12.5 hours of Local Continued Competency Requirement Must Be Completed Every Two Years***

Date	Topic of Training (2A) First Two Year Period	Method	Hours

Date	Topic of Training (2B) Second Two Year Period	Method	Hours

12.5

12.5

- **Section 2A & 2B:** A maximum of 8 hours can be applied from Distributive Education toward the Local Continued Competency Requirements and must be CECBEMS or DHEC approved.

**Section 3A & 3B: Individual Continued Competency Requirement**

***12.5 hours of Individual Continued Competency Requirement Must Be Completed Every Two Years***

Date	Topic of Training (3A) First Two Year Period	Hours

Date	Topic of Training (3B) Second Two Year Period	Hours

12.5

12.5

- **Section 3A & 3B:** A maximum of 12.5 hours can be applied from Distributive Education toward the Individual Continued Competency Requirements and must be CECBEMS or DHEC approved.

**Section 4A & 4B: Verification of Skill Competence**  
**Skill Competency Requirement Must Be Completed Every Two Years**

AEMT Skill Competence				
(4A) First Two Year Period		Skill	(3B) Second Two Year Period	
Date	Method		Date	Method
		<b>Patient Assessment/Management</b> <i>Medical &amp; Trauma</i>		
		<b>Ventilatory Management Skills/Knowledge</b> <i>Simple Adjuncts</i> <i>Supplemental Oxygen Delivery</i> <i>Supraglottic Airways (PTL, Combitube, King LT)</i>		
		<b>Cardiac Arrest Management</b> <i>Automatic External Defibrillator (AED)</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 5: Other Required Credentials**

**BLS (CPR) Credential**  
 Attach a copy (front and back) 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

*I hereby affirm that all statements on the SC EMT 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 – Bureau of EMS. It is also understood that SC DHEC – Bureau of EMS may conduct a full audit of all recertification activities listed on this form at any time.*

\_\_\_\_\_  
 Signature of CEP Training Officer or EMS Service Director + Date Signed

\_\_\_\_\_  
 Signature of EMT Recertification candidate + Date Signed