

Enclosure 02A

Emergency Medical Technician (EMT) – New Instructor Application

Section One: Personal Contact Information

SC Number: _____

Name: _____ Date: _____

Mailing Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Section Two: Requirements & Credentials

All candidates must meet all of the following requirements:

- Be at least 21 Year of age
- Possess either a High School Diploma or GED
- Possess a current certification as a SC Paramedic (*Attach a copy of your SC Paramedic Certification card*)
- Possess a current certification as a National Registered Paramedic (*Attach a copy of your NREMT Paramedic credential*)
- Have a minimum of two (2) years experience as a Paramedic (*Attach a copy of your work resume*)
- Possess a current instructor credential in one of the following: (*Attach a copy of your CPR instructor credential*)
 - AHA: Healthcare Provider
 - ARC: CPR Professional Rescuer
 - ASHI: CPR PRO
- Successful completion of a forty (40) hour Instructor Methodology course as follows: (*Attach a copy of your instructor education credential*)
 - National Association of EMS Educators (NAEMSE)
 - International Fire Service Accreditation Congress (IFSAC)
 - ProBoard or Department of Defense (DOD) Fire Instructor
 - South Carolina Criminal Justice Academy Instructor
 - Post Secondary Teaching Certification or Education Training
- Have a minimum of one (1) year teaching experience (*Attach a copy of your resume of your teaching experience*)
- Documentation of a minimum of 20 hours of “monitored” teaching in an approved EMT-Basic course. (*Attach letter of documentation from the School’s EMT Program Coordinator*)
- Completion of SC EMT Program Orientation given by DHEC staff (*submit certificate of attendance*)

PLEASE COMPLETE PAGE -2-

Section Three: Candidate's Verification & Signature

READ CAREFULLY BEFORE SIGNING

I verify that I have satisfied all requirements as listed in Section Two of Enclosure 2 and have attached all required documentation to this application. I understand that I will not be considered for instructor authorization if my application is incomplete or if I have failed to meet all requirements. I understand that I must be affiliated with a SC Approved EMT Training Institution in order to become a credentialed SC EMT Instructor and that I will be considered an employee of that training institution.

*I understand that I am required to complete an EMT Program Orientation given by DHEC staff **before** I will be considered for EMT-Basic instructor authorization/certification by SC DHEC Bureau of EMS. Attendance of the EMT Program Orientation shall be within one year from submission of Instructor application to DHEC.*

Candidate's Signature: _____

Important Note: Give this completed application, plus a copy of all required documentation as mentioned in Section Two, to the EMT Program Coordinator of the SC Approved EMT Training Institution where you wish to teach.

Section Four: EMT Program Coordinator Endorsement

I endorse this candidate as an EMT-Basic Instructor. Once this candidate receives instructor authorization/certification, I will use this candidate as an EMT instructor in my program.

I understand that failure to utilize this instructor in my program may jeopardize his/her ability to recertify his/her instructor authorization.

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