



Continuing Education Program Instructor Renewal Application

Section One: Personal Contact Information

Name: _____ Date: _____

Mailing Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

SC#: _____ Agency: _____

Section Two: Requirements & Credentials

All candidates must meet all of the following requirements:

- Must be endorsed by the EMS Director of the licensed SC EMS agency for which you will instruct
- Must be currently on the Continuum roster of the licensed SC EMS agency for which you will instruct
- Possess a current certification as a SC EMT (*Attach a copy of your SC EMT, AEMT, or Paramedic Certification card*)
- Have a minimum of two (2) years of experience at your current SC certification level
- Must be currently certified as a SC Continuing Education Program Instructor
- Must have completed a minimum of six (6) hours of DHEC approved CEUs in Instructor Methodology during current instructor certification period (*Attach a copy of documentation of completion*)
- Must have taught a minimum of twenty-four (24) hours in a SC Continuing Education Program during current instructor certification period (*Attach a copy of documentation of completion*)

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Section Three: Candidate's Verification & Signature

PLEASE READ CAREFULLY BEFORE SIGNING

I verify that I have satisfied all requirements as listed in Section Two and have attached all required documentation to this application. I understand that I will not be considered for renewal of my instructor certification if my application is incomplete or if I have failed to meet all requirements. I understand that I must be affiliated with a SC Licensed Agency in order to be a credentialed SC CE Instructor and that I will be considered an employee of that local training institution.

I understand that the use of false, fraudulent, or forged documents for the purposes of certification requirements or official documents is considered to be misconduct by DHEC and punishable by suspension or revocation of my certifications.

Candidate's Signature: _____

Important Note: Give this completed application, plus a copy of all required documentation as mentioned in Section Two, to the CEP Program Coordinator of the SC CE Program where you will teach.

Section Four: CEP Program Coordinator Endorsement

I endorse this candidate as a CE Instructor. Once this candidate receives instructor certification, I will use this candidate as a CE instructor in my agency's program.

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

CEP Program Coordinator's Signature: _____

Section Five: EMS Director Endorsement

I endorse this candidate as a CE Instructor. Once this candidate receives instructor certification, I will use this candidate as a CE instructor in my agency's program.

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

EMS Director's Signature: _____