

Name Change Request

Date: _____

Complete Name: _____

Updated certification will be mailed to your current address listed in the Continuum. Please verify your Continuum Profile address is current. Login at <https://www.emspic.org/>

SC Certification Number: _____

Social Security Number (Last four digits only): _____

Date of Birth: _____

Contact Telephone Number: _____

I am requesting a formal name change in Continuum and have attached government identification documenting name change such as driver's license, marriage certificate, or divorce decree.

Signature (Required)

Date of Signature

Send request 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