



**SC DHEC Bureau of EMS  
State CEP Re-certification Form for Paramedic  
(2012 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: 2012 National Continued Competency Requirement**

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

Paramedic						
(1A) First Two Year Period			Topics	(1B) Second Two Year Period		
Date	Method	Hours		Hours	Date	Method
		4	Airway, Respiration, & Ventilation	4		
		10	Cardiovascular	10		
		4	Trauma	4		
		7	Medical	7		
		5	Operations	5		
		30	Total	30		

- Section 1A & 1B: A maximum of 10 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**  
***15 hours of Local Continued Competency Requirement Must Be Completed Every Two Years***

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

15

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

15

- Section 2A & 2B: A maximum of 10 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**  
***15 hours of Individual Continued Competency Requirement Must Be Completed Every Two Years***

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

15

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

15

- Section 3A & 3B: A maximum of 15 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**

<b>Paramedic Skill Competence</b>				
<b>(4A) First Two Year Period</b>		<b>Skill</b>	<b>(4B) Second Two Year Period</b>	
<b>Date</b>	<b>Method</b>		<b>Date</b>	<b>Method</b>
		<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> <i>Endotracheal Intubation</i> <i>Chest Decompression</i> <i>Transtracheal Jet Ventilation / Cricothyrotomy</i>		
		<b>Cardiac Arrest Management</b> <i>Megacode &amp; ECG Recognition</i> <i>Therapeutic Modalities</i> <i>Monitor / Defibrillator Knowledge</i> <i>(Setup, Routine Maintenance, Pacing)</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.*

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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

**ACLS Credential**  
*Attach a copy (front and back) of a valid / current ACLS Credential Expiration date must be GREATER than your SC state EMT expiration date*  
**ACLS card MUST be one of the following:**  
*AHA: ACLS  
ASHI: ACLS  
ARC: ACLS*

*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.*

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

Signature of EMT Recertification candidate + Date Signed