

Enclosure 02B

Advanced/Paramedic EMT Instructor Application

- AEMT Instructor Application *(Complete Sections I -III plus VI - VII)*
- Paramedic Instructor Application *(Complete Sections I - VII)*

SECTION I: Personal Information

SC Number: _____

Name: _____ Date: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Do you have a high school diploma or G.E.D.? YES NO

Lead: *Do you have five (5) years experience as a Paramedic?* YES NO

Module: *Do you have two (2) years experience as a Paramedic?* YES NO

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

All approved candidates shall complete EMT Program Orientation given my DHEC staff before consideration for Advanced/Paramedic 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 (submit certificate of attendance).

SECTION II: Credentials	
LEAD INSTRUCTOR <i>Authorized by DHEC - EMS</i>	MODULE INSRTRUCTOR <i>Authorized by the Training Institution</i>
1) SC NREMT-Paramedic <hr/> S.C. NREMT-Paramedic Certification Number and Expiration Date (Copy of state & NR cert. card)	1a) RN & MD does not have to meet any other requirement. <hr/> RN or MD Current SC License (Enclose copy of license) *****OR***** 1b) SC NREMT-Paramedic

SECTION II: Credentials	
	S.C. NREMT-Paramedic Certification Number and Expiration Date (Copy of state & NR cert. card)
2)	Enclose copy of current CPR (BLS) Instructor card or certificate
3)	Enclose copy of NHTSA Instructor Methodology course certificate or equivalent
4)	Documentation of approved Anatomy & Physiology course or equivalent
5)	Documentation of approved RSI & 12-Lead ECG course

SECTION III <i>Required for all LEAD -&- Trauma & Assessment Based Management Module Instructors</i> TRAUMA COURSE INSTRUCTOR (BTLs, CTC, PHTLS/ITLS) Enclose copy of current trauma course instructor card or certificate <i>(Minimum participation in at least two courses)</i>		
TYPE COURSE	DATE	SPONSOR
<i>Participation in a minimum of two (2) lecture areas and two (2) skill areas</i>		
LECTURE AREAS	SKILL AREAS	
Enclose course outlines to verify above experience		

SECTION IV: (Paramedic Instructor only) <i>Required for all LEAD -&- Medical Module Instructors</i> ADVANCED CARDIAC LIFE SUPPORT (ACLS) INSTRUCTOR Enclose copy of current ACLS course instructor card or certificate <i>(Minimum participation in at least two courses)</i>		
TYPE COURSE	DATE	SPONSOR
<i>Participation in a minimum of two (2) lecture areas and two (2) skill areas</i>		
LECTURE AREAS	SKILL AREAS	
Enclose course outlines to verify above experience		

SECTION V: (Paramedic Instructor only)
Required for All LEAD -&- Special Considerations Module Instructors
PEDIATRIC COURSE INSTRUCTOR (PALS, PEPP, PEMSTP)
Enclose copy of current pediatric course instructor card or certificate
(Minimum participation in at least two courses)

TYPE COURSE	DATE	SPONSOR

Participation in a minimum of two (2) lecture areas and two (2) skill areas

LECTURE AREAS	SKILL AREAS

Enclose course outlines to verify above experience

SECTION VI: ENDORSEMENTS

EXECUTIVE DIRECTOR OF ADVANCED TRAINING INSTITUTION
MEDICAL CONTROL DIRECTOR FOR CANDIDATE'S EMS PROVIDER

*I endorse _____
for a position as: [] AEMT Instructor [] EMT-Paramedic Instructor
When this candidate is authorized as an instructor, I will use this instructor in my EMT
training program(s). I submit this endorsement without reservation.*

Signature: Executive Director Advanced Training Institution

Date

Signature: Medical Control Director- Candidate's EMS Provider

Date

SECTION VII: VERIFICATION OF APPLICATION

I verify that all information on this application is true to the best of my knowledge. I understand that I must be affiliated with a SC Approved EMT Training Institution in order to become a certified SC AEMT and/or Paramedic Instructor and that I will be considered an employee of that training institution. I understand that any omissions and/or false or misleading information and/or documentation may be grounds to deny or revoke my instructor authorization and may lead to other disciplinary action as specified in EMS regulation 61-7 and the Advanced Policy Manual

Signature: Instructor Candidate

Date