

## **Continuing Education Program Application**

I. Agency / Institution										
SC EMS Agency License Number		#		Expiration Date						
Training Institution Number		#		Expiration Date						
II. Type Application										
	Initial (Request for approval of first-time program OR program which was suspended or discontinued)									
	Renewal (Renewal of current, on-going program for the next 4-year program cycle)									
	Change of Training Officer or Program Director									
	Change of Medical Control Physician (attach Medical Control Physician Form)									
III.	Agency Information									
Primary Agency Name										
Agency Mailing Address										
City/State/Zip Code Phone #										
IV. Program Director Information										
Name (Person responsible for all administrative aspects of program.)										
Mailing Address										
City/State	e/Zip Code									
Work Pho	one #	Cell Pho	one #							
I have att	ended an Initial CEP Orientation Wo	orkshop.Y/N M	lonth / Ye	ar						
V.	Tr	raining Officer Info	rmation							
Name (Person responsible for all instruction aspects of program.)										
Mailing Address										
City/State/Zip Code										
Work Pho	one #	Cell Pho	ne #							
I have atte	ended an Initial CEP Orientation Wo	orkshop, Y/N M	lonth / Ye	ar						
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DHEC-235	4 (08/2016)									

VI.						
Print Name						
Signature		Date				
assume complete resp	bood, and will assure that the program complies nonsibility for this agency's Continuing Education cial agents of this agency and will use them in su	Program and he	reby endorse tl	he above li	sted Prograi	
VI.	Medical Control End	dorsement				
	Must be on file as Medical Contr	ol for ALL Age	ncies listed			
Print Name						
Signature					Date	
I have read, understo	od and will assure that the program complies w a DHEC medical control workshop within 1 year cation processes.			by DHEC	– Division o	
V.	EMS Providers Cove	ered By Progra				
List All EMS Provid	lers (Include Primary Agency)		Level of Tra	-		
	Agency Name	SC	C License #	EMT	AEMT	Paramedic
						1
						<u> </u>
						-
						+
						1
			<b>10010</b>			<u> </u> +h:c
	ttach a list of all Continuing Ed ition. Be sure to include the I		-			