Enclosure 01A
EMT Training Institution Application/Application for Re-authorization of
SC Approved EMT Training Center

All training centers wanting to offer the Emergency Medical Technician training program must make application to and be approved by the SC Department of Health and Environmental Control, Division of EMS.

In order to become a SC Approved EMT Institution, each training institution must meet certain standards and requirements and pass an on-site inspection prior to approval being granted. Some of the standards and requirements include, but are not limited to, the following:

❖ In addition to the four (4) SC Regional EMS Offices established in the 1970's, Section 907 of SC Regulation 61-7 requires that all training institutions must be a post-secondary training institution and defined as such by the SC State Department of Education. These institutions include:

➢ Technical Colleges
➢ Vocational Schools
➢ Colleges and Universities

❖ Must have an adequate, clean and well-lighted room(s) capable of managing the didactic and practical skills requirements.

❖ Must purchase (own), maintain and have adequate storage for all required equipment necessary for course approval. (See **Enclosure 6**)

❖ Must have one person designated to be solely responsible for the program. This person, herein referred to as the Emergency Medical Technician (EMT) Program Coordinator, must be a school official.

This person, an employee of the school, must receive an orientation to the Emergency Medical Technician program by a member of the DHEC training staff involved in the administration of the program.

Application

Name of Training Institution: _____

Mailing Address: _____

City / State / Zip Code: _____

Contact Person's Name: _____

Contact Person's Phone Number: _____

Contact Person's E-mail address: _____

Does your training institution offer the EMT course in any other state?
[   ] No
[   ] Yes *(If Yes, please attach all information relating to the states where the course is offered, plus all policies and procedures for these courses).*

The Training Institution listed above is a "post-secondary" education school and is defined by the SC Department of Education as a (Check only one):

[   ]   Technical College
[   ]   Vocational School
[   ]   College or University

Attach the following documents with this application;

✓   Information concerning your training center and the courses that the institution offers
✓   Name and phone number for the individual over the institution (i.e. President, etc)

If this training center is considered for approval, an on-site visit will be arranged. At that time, a completed and signed **Enclosure 6** documenting ownership of all required equipment for the EMT course will be required and the equipment will be inventoried as part of the on-site visit.

As of October of 2016, South Carolina has 27 training institutions offering the EMT program with no shortage of available courses. Please attach with this application, a justification as to the need for your training center to offer the EMT program.

Send all required documents to: SC DHEC Division of EMS, Attention: Manager for Training & Certification, 2600 Bull Street, Columbia, SC 29201 – or – email to emscertifications@dhec.sc.gov

Application for Re-Authorization of
EMT Training Centers

This application should be used for all agencies / institutions requesting Re-Authorization (No Lapse in Authorization) to offer the Emergency Medical Technician initial and refresher courses.

Each training institution must re-apply every four years to be re-approved to offer the Emergency Medical Technician course in South Carolina. Please check the expiration date of your training institution's authorization certificate.

Applications are due thirty days prior to expiration of each authorization period. Submit this application with **ALL** required documentation. DO NOT SUBMIT AN INCOMPLETE APPLICATION. Mail application and documents to: **SC DHEC Division of EMS, 2600 Bull Street, Columbia, SC 29201 – or –** email application and documents to **emscertifications@dhec.sc.gov**

Requirement for re-authorization:
> *Completion of at least one (1) EMT Course during the last authorization period.*

Name of Training Institution: _____

Mailing Address: _____

City / State / Zip Code: _____

Contact Person's Name*: _____

Contact Person's Phone Number: _____

Contact Person's E-mail address: _____

*Contact person must be the EMT-Program Coordinator of record as listed in CIS

List course numbers for all EMT Courses **Completed** during the last authorization period: