

Enclosure 04C: *PARAMEDIC COURSE STATEMENT OF UNDERSTANDING*

COURSE #: _____ INSTRUCTOR: _____ INSTITUTION: _____

ALL CANDIDATES:

1. I understand that I may miss 10% of the total hours **for each** module for any reason. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **up to a total** of 20% of the total hours **for each module**. I understand that I must document (**in writing**) to the program coordinator's satisfaction, the extenuating circumstance. **The program coordinator is under NO obligation to accept my documentation or to extend me the additional 10% in allotted absences.** I understand that arriving to class late or leaving class early counts toward my allotted hours of time missed. I understand that **all** work missed must be made up at the convenience of and to the satisfaction of my instructor **before** completion of the last class. I understand that the make-up of the work missed will **not** erase the hours of absences. I understand that once I have exceeded my hours of absences, I **will** be terminated from the course and will **not** be eligible to attempt the National Registry examinations.
2. I understand that the state of SC requires a criminal background check on each candidate upon certification or re-certification. I have received the necessary information on the criminal background check procedure. I understand (through these instructions) that I must successfully complete the course and pass the NREMT psychomotor and written examination prior to beginning the background check process. I understand that background checks completed prior to successful completion of the NREMT practical and written examination will not be accepted.

INITIAL PARAMEDIC CANDIDATES:

1. I VERIFY THAT I **AM** a currently certified SC EMT or National Registry EMT or SC AEMT or National Registry AEMT - **OR** - I have **written** permission from DHEC to be in this course.
2. I UNDERSTAND THAT I WILL BE REMOVED FROM THE COURSE IF MY CURRENT CERTIFICATION EXPIRES PRIOR TO THE LAST CLASS DAY.

REFRESHER PARAMEDIC CANDIDATES:

I understand that I may **not** enroll in a Paramedic refresher course unless I am or have previously been certified as a Paramedic in any U.S. State or territory or by National Registry – **or** – I am an initial Paramedic student who has failed the NR EMT CBT exam three (3) times– or – I have written permission from SC DHEC.

It is the candidate's responsibility to contact NREMT for certification eligibility.

IMPORTANT: PLEASE “PRINT” CLEARLY

CANDIDATE’S NAME LAST / FIRST	IDENTIFICATION S.S.N	SC EMT #	REFRESHERS SC EMT EXP. DATE	CANDIDATE’S SIGNATURE
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I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regards to course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. All policies will be enforced.

INSTRUCTOR SIGNATURE / DATE: _____

This form is to be completed at the **first** class meeting and may be requested by SC DHEC at any time.