Enclosure 01B

Application for Authorization / Re-Authorization of Advanced Training Centers

This application should be used for all agencies / institutions that desire to offer the AEMT and Paramedic initial and refresher courses.

Submit this application will **ALL** required documentation. **Applications are due thirty days prior to expiration of each authorization period.** DO NOT SUBMIT AN INCOMPLETE APPLICATION.

Mail Application and documents to: SC DHEC Division of EMS, 2600 Bull Street, Columbia, SC

[] Initial Authorization []	Re-Authorization (No Lapse in Authorization)
Name of Agency / Institution	Date
Street & Mailing Address	City, State, Zip Code
Name of Program Director	Phone Number(s)
 Copies of clinical contracts with location of the standing of the	ing ownership of all required training equipment cal hospital(s) & EMS service(s) verage for the program alpractice insurance for each student Procedure Manual & Student Course Policy Manual or for the Medical Physician who will serve as medical director for the
- , ,	MT-Paramedic Course during the four-year authorization period. MT-Paramedic Courses Completed during the last authorization
	bass an on-site inspection (for initial authorization) and that I must Γ-Paramedic instructor prior to receiving authorization / renter.
Signature of Program Director	Date of Signature

Enclosure 01B 10-2016