



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 <i>(Person responsible for all administrative aspects of program.)</i>		
Mailing Address		
City/State/Zip Code		
Work Phone #		Cell Phone #
I have attended an Initial CEP Orientation Workshop. Y / N Month / Year _____		
V. Training Officer Information		
Name <i>(Person responsible for all instruction aspects of program.)</i>		
Mailing Address		
City/State/Zip Code		
Work Phone #		Cell Phone #
I have attended an Initial CEP Orientation Workshop. Y / N Month / Year _____		

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DHEC-2354 (08/2016)

