

South Carolina EMT Training Program Manual

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This publication is intended for all SC DPH Authorized EMT and CEP Training Institutions, Program Coordinators, Training Officers, EMT Instructors, CEP Medical Control Physicians, and EMT Program Medical Control Physicians.

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Preface

This manual provides information and administrative guidelines for use by administrators, Directors, instructors, and educators concerned with the establishment and administration of courses for the training, certification, and continued education of the Emergency Medical Technician.

The title, Emergency Medical Technician (EMT), in this policy manual will refer to all levels of certified EMTs in South Carolina unless otherwise specified: Emergency Medical Technician-basic (EMT-basic), Advanced Emergency Medical Technician (AEMT) and Paramedic.

The information contained in this manual supersedes all previous manuals, memorandums and correspondence relating to the SC EMT training program and the SC Continuing Education Program (CEP) that conflicts with the guidelines and instructions contained herein.

SC EMS Statue 44-61-30 (B)(4), 44-61-80 (B) and SC EMS Regulation 61-7 Section 111 grants the Department of Public Health (DPH) Division of Emergency Medical Services (EMS) (herein referred to as “DPH” or “the Department”) authority for approving all EMT Training Institutions, EMT courses (EMT-basic, AEMT, Paramedic), and certification of EMTs and EMT instructors. The Department is responsible for all oversight pertaining to these programs.

Each SC DPH approved initial EMT, refresher or CEP course must be coordinated and sponsored through a SC DPH approved training institution as defined in SC EMS Regulation 61-7 and meets the minimum standards outlined in this manual.

Any questions regarding the EMT program or CEP should be directed to the SC DPH EMS Education Manager.

Authorization of Training Institutions

The Department is responsible for all oversight pertaining to these programs. As stated in Regulation 61-7, Section 111 A. *“Training programs are offered in approved technical colleges, other colleges and universities, vocational schools, and State Regional EMS training offices. No training program shall advertise as an*

EMT-basic, AEMT, or Paramedic training program or conduct EMT-basic, AEMT, or Paramedic training prior to approval as a training program from the Department.”

The standards established in this manual are the minimum that must be met. Training institutions can choose to exceed the minimum standards and must inform prospective and/or current students of all entrance and course completion requirements, as well as the credentialing and/or certification process for all initial courses prior to starting course. The Training Institution must provide a course description regarding standards set-forth by the Training Institution.

Procedure for Change of EMT Program Coordinator

The application for designation of a DPH -approved training institution requires one person: designate by the VP of the technical school or the training institution's President or Executive Director, to be solely responsible for the program. This person, herein after referred to as the EMT Program Coordinator, must be a school official/employee and must receive an orientation to the EMT Training Program by a member of the DPH Training Staff involved in the administration of the program.

Paramedic Program Coordinators (also referred to as Program Directors) must remain in compliance with all applicable accreditation rules and standards set forth by the designated accrediting body(s).

The EMT Program Coordinator on record must be authorized by the Department. The Program Coordinator is the only person who can submit course requests, course completion documentation to DPH, verify course completion of their students to the National Registry and submit request for instructor endorsement and re-authorization. These tasks are the responsibility of the EMT Program Coordinator and shall **not** be delegated to any other person(s).

Should a change in the Program Coordinator become necessary, the new Program Coordinator should follow these steps:

- The Department must be notified, in writing, **within ten (10) business days** of any change in the institution's Program Coordinator.
- The VP of the Technical School or Board Chair for the Training Institution must submit a letter to the Department on letterhead, containing the name, contact information and SC Number of the new Program Coordinator.

- The new Program Coordinator shall contact SC DPH EMS Education Manager to request available date(s) to satisfy the mandatory Department orientation.
 - Department orientation must be attended/complete within 12 months of accepting the role, unless otherwise determined by the Department.
- The new Program Coordinator must contact the National Registry (Call 614.888.4484 or email: support@nremt.org and inform National Registry that s/he is the new Program Coordinator.
 - Your request will then come directly to the Department for authorization. Once authorization has been given, you will have access to verify candidate course completion(s) in NREMT within 1 to 2 business days.

NOTE: A Program Coordinator may be responsible for more than one program. Such as, a ConEd Certificate Program and Associate Degree Program for the same institution. If this is the case, a change request must be submitted for all applicable EMT Training programs.

NOTE: The new Program Coordinator will not be approved to submit course approvals, verify course completions, initial or re-authorization instructor applications and other duties associated with the role until all the above has been submitted and processed.

Training Institutions

Institutions wanting to offer EMT Training (initial or refresher), must successfully complete an application for Department approval. Training institutions must meet certain standards and requirements and pass an on-site inspection prior to approval being granted. [..\Enclosure 01.docx](#)

Any EMT course offered through an approved institution shall be an open course unless the program establishes additional entrance requirements. Regardless of the location of the course, any candidate who satisfies the eligibility requirements shall be granted a seat in the course on a first-come, first-served basis until all seats have been filled. Each course, at a minimum, must meet the following:

- All EMS training institutions must be granted approval by the Department

prior to advertising or beginning any EMT course.

- Training institutions will be granted approval for no more than four (4) years and shall expire on the last day of the quarter.
 - An institution shall not conduct courses with expired institution credentials.
- The curricula must meet the current National Emergency Medical Services Education Standards.
 - Should new National Emergency Medical Services Education Standards be released, the Department will establish a transition period.
- The lead instructor for the EMT course must be a SC credentialed Level III, or above, Instructor as defined by the standards in this policy manual.
- Must have an adequate, clean, environmentally comfortable and well-lit room(s) capable of managing the didactic and practical skills requirements.
- Classroom(s) must be secluded and free from distractions or interruptions.
- Must purchase (own), maintain, and have adequate storage for all required equipment necessary for course approval at a 1:12 set to student ratio.

Institutional Data

Institutions shall maintain minimum reporting data for number of students eligible to test the NREMT psychomotor and cognitive examination, number of students that attempt the NREMT psychomotor and cognitive examination, first attempt pass rates for the psychomotor and cognitive NREMT examination, first attempt pass rate percentages, cumulative pass within 3 attempts, cumulative pass within 3 attempts percentages, cumulative pass within 6 attempts, cumulative pass within 6 attempts percentages, the total of students that failed all 6 attempts, and program attrition rates. Authorized EMT Training Institutions shall maintain a cumulative student NREMT cognitive exam first attempt (defined as first time physical attempt at the cognitive examination) pass rate of greater than seventy percent (70%) for the most recent consecutive three-year period. Institutions having less than six (6) students attempting the NREMT cognitive exam over their consecutive three-year period will be excluded. The yearly period shall follow the calendar year beginning January 1st through December 31st and submitted to the Department by June 30th of each calendar year. Institutions that fail to report data by June 30th of each calendar year will receive a 0% first attempt pass rate for the reporting calendar year to count towards their cumulative three (3) year period. This data shall be published by the Department

in an annual report no later than September 30th of each calendar year. Institutions with a consecutive three-year cumulative NREMT cognitive exam first attempt pass rate less than or equal to 70% will be placed on EMT Training Institution Administrative Probation.

EMT Training Institution Administrative Probation

Institutions with a consecutive three-year cumulative NREMT cognitive exam first attempt pass rate less than or equal to 70% (The yearly period shall follow the calendar year beginning January 1st through December 31st.) will be placed on EMT Training Institution Administrative Probation until consecutive pass rates for a consecutive three-year cumulative NREMT cognitive examination is greater than 70%. Institutions will be notified in writing by the Department of their placement on EMT Training Institution Administration Probation. Institutions identified to have a cumulative student NREMT cognitive exam first attempt (defined as first time attempting the examination) pass rate of seventy percent (70%) or below for the most recent consecutive three-year period in the published annual report shall submit a self-study analysis of their program(s) as well as an action plan for program improvement to the Department by December 31st of the notification year. If requested, the Department and/or SC DPH Training Committee will recommend a partnering Institution to assist with programmatic improvement and provide mentorship opportunities to provide institutional, program, and/or instructor guidance and recommendations. This partnership opportunity is available to all Institutions at any time. This partnership is highly recommended for an Institution on administrative probation but is not mandatory. Programs that continue to report below the requirements of this policy may risk the ability to provide future EMT (all level) courses. Additionally, failure to comply with Department requirements may lead to program revocation.

Advertisement

All Training Institutions must be granted approval by the Department prior to advertising services. Training Institutions may not advertise for a level at which they are not authorized. Training Institutions must receive a course number prior to registering for student enrollment. Courses must be entered a minimum of fifteen (15) calendar days prior to the start of the course.

Course Staffing

All EMT courses must designate a current SC certified EMT instructor as “lead”

instructor for each course. The lead instructor must be credentialed by DPH and authorized to teach that specific level of EMT course.

There is no specific instructor to student ratio for didactic course contact. However, for all course contact that involve practical skills evaluation must require an instructor to student ratio of one (1) instructor for every eight (8) students. Practicing and/or demonstration of skill(s) is not limited. Only one instructor (the lead instructor designated for that course) needs to be a Department authorized and credentialed instructor for the level [EMT-basic/AEMT/Paramedic] of instruction. Program Coordinators may also utilize other currently certified or licensed healthcare providers [within their scope of practice] to assist with any practical skills demonstration, practice and/or evaluation sessions to fulfill the required instructor to student ratio. It is the lead instructor's responsibility to verify the students' competency in their practical skills.

For the BLS or other standardized course(s) [such as, ACLS, PALS, ITLS, etc..] segment(s) of the course, the instructor(s) must follow the instructional guidelines of the respective discipline. This includes the instructor to student ratio and equipment to student ratio. The BLS course is a part of the minimum EMT course hours.

NOTE: Provisional Instructors assigned as 'primary instructor' for initial course(s), must be monitored for 20% of contact hours per level by the Program Coordinator or Medical Control Physician(s). This task may be delegated with written Department approval.

Course Guest Instructors

Course guest instructors are authorized by the training institution's Program Coordinator. Guest Instructors may teach the module/portion for which they are uniquely qualified to serve as an instructor on the subject [i.e. Subject Matter Expert (SME)]. Guest instructors may be used during an initial or refresher course as long their use does not exceed more than 25% of the course contact hours. A guest instructor does not need to be on the program's roster nor medically certified. A person on the institution's roster, who is not currently certified as a Level III (EMT) Instructor, can be utilized as a guest instructor if they meet the requirement of being a SME.

Examples of a SME and content are as follows:

- NICU RN teaching Pediatric resuscitation
- Fire Fighter teaching scene safety or HazMat considerations

A guest instructor cannot serve as the primary instructor for an initial or refresher course. The Training Institution must have a primary instructor present when using a guest instructor, to ensure that the course is compliant with all Department and institution policies. The institution's Medical Control Physician is not considered as a guest instructor.

Student Attendance

EMT Statement of Understanding [..\Enclosure 04A.docx](#)

AEMT Statement of Understanding [..\Enclosure 04B.docx](#)

Paramedic Statement of Understanding [..\Enclosure 04C.docx](#)

Instructors are responsible for maintaining accurate and concurrent attendance records. These records may be requested by and inspected by the Department at any time. The Training Institution is responsible for tracking all hours attended by a candidate, including online/hybrid learning models. Institutions may have more restrictive attendance policies.

Candidates in an EMT course (every level) should make every effort to attend all class sessions. A candidate may miss up to ten (10%) percent of the course total contact hours. Missed course contact may be excused or unexcused. Missed work must be made up to the satisfaction of the instructor. Work make-up does not "erase or remove" the absence. The instructor will provide the candidate with a written warning advising of missed contact hours prior to dismissal.

Arriving to class late as well as leaving class early counts toward the total number of allotted ten (10%) percent. Once a student misses 10% of contact hours, the instructor must notify the Program Coordinator for an attendance review. Under special and extreme circumstances, the Program Coordinator ***may*** allow the candidate to continue with the clear understanding they will be dismissed if they exceed twenty (20%) percent of the course total contact hours. Should a candidate's attendance require reviewed by the Program Coordinator, documentation of the event must be in the student record for potential Department review.

Any candidate that exceeds twenty (20%) percent of the course total contact

hours must be dismissed from the program as “withdrew passing” or “withdrew failing” depending on the cumulative grade to-date.

Approved Course Materials

Training institutions may utilize any textbook(s) that follow the current nationally accepted curriculum for the SC approved EMT course (EMT-basic, AEMT or Paramedic). All SC approved EMT training institutions are recommended to use the most current edition of that publisher’s textbook(s).

Many publishers of EMT textbooks have a large variety of supplemental and support materials such as Instructor Manuals, Workbooks, Test Banks, Audio-Visual Aides and Computer Programs to assist the instructor. Training institutions and their instructors are encouraged to make use of all technology available to provide a quality program.

Equipment Requirements

For a detailed listing of all required equipment, please refer to [..\\Enclosure 6.docx](#). Instructors and Program Coordinators should use Enclosure 6 as a minimum inventory checklist to assure that all equipment is present, clean, and in working condition for each class. Equipment listed in Enclosure 6 is written as a 1:12 equipment to student ratio for initial courses.

The EMT training equipment maintenance and inventory is the responsibility of the EMT Program Coordinator. If this is not regularly attended to, training equipment and supplies can deteriorate very quickly. Should the EMT Program Coordinator not be familiar with the equipment necessary for the EMT program, this function may be assigned to a responsible instructor. However, the responsibility and accountability for the equipment still resides with the EMT Program Coordinator.

It is the EMT Instructor responsibility to assure that all minimum equipment is available and in clean, working condition prior to the start of each course. Instructors shall inventory all equipment and verify its presence and proper working condition prior to beginning each class.

If equipment deficiencies exist, the instructor is required to cancel class and notify the Program Coordinator immediately. Class should be cancelled until the deficiencies have been corrected or a replacement is delivered. At no time is a

class to be conducted when equipment deficiencies exist.

The Department reserves the right to inventory equipment prior to the granting of course approval. If the minimum required equipment is not present, clean, and in working condition, the course will not be approved.

The Department may inspect and/or inventory equipment each time a class is monitored. If missing equipment or deficiencies are identified, course approval or completion may be jeopardized until the deficiencies are resolved.

Conducting class with equipment deficiencies is a violation of policy. Repeated violations may result in Department action to potential include complete withdrawal of institutional approval as an authorized training institution and revocation of the instructor's credential(s).

Location of Class Sites

The Department requires courses to be conducted in a structured educational environment. All courses and course locations must be approved by the Department prior to advertisement. Course Site (The Site, On-Site): For purposes of this document the physical address/location that is approved by the Department for course instruction shall be defined as the Course Site or the On-Site Location.

If any classes are held at any other location than the approved Site, then that secondary location will be designated as "Off-Site". Any secondary ("Off-Site") location must also be approved by the Department prior to any classes being held at that location. If the Primary Site (Course approved physical address/location) becomes unusable for any period of time that encompasses class instruction, then arrangements must be approved by the Department for use of an "Off-Site" (Secondary site) location.

If an institution is interested in holding an off-campus course, Department approval is required. Off-site course approval is a privilege and not a right. The Department may deny an Off-campus course for an institution with less than desirable NREMT first time pass rates of the applicable level. Previous approval of one off-site course does not automatically mandate approval of future off-site courses. The Department may discontinue off-site approval at any time for infringement of any policies or procedures as outlined in this manual. Off-campus courses (*as well as all other courses*) may be monitored by the Department with or without notice for compliance.

On-site or remote [distance learning] classroom facilities must adhere to the standards listed in this policy as if they were physically on campus. The host facility as well as all instructors and students are expected to follow all the policies of the sponsoring training institution. The host facility and students involved in this course are not permitted to leave during the hours of the course without penalty. There must be other personnel covering the duties of these students while they are involved in the course.

Course Evaluations [..\Enclosure 05.docx](#)

It is required that all EMT courses participate in a course/instructor evaluation prior to the End of Course (EoC). This evaluation is given by the Program Coordinator, or delegate, and is recommended administering no later than halfway through the course. The instructor must not be present during the evaluation to assure honest and candid responses from the student(s).

The purpose of the evaluation is to detect and then correct any problems that would have otherwise gone unnoticed. If the training institution does not have an evaluation instrument, one is provided by the Department.

Regular supervision and evaluation of all instructors and courses is the responsibility of the Program Coordinator. All courses are subject to being monitored by a representative of the Department with or without notice.

Clinicals

The purpose of the clinical experience is to assure a proper assessment and documentation of that assessment for each patient contact to the satisfaction of the program and/or clinical preceptor(s).

1. Institutes shall establish written agreements with licensed EMS agencies, hospitals and/or simulation centers to provide clinical experiences for their students.
2. Agreements shall clearly define the learning goals or expected outcomes the student should obtain. Additionally, the clinical site and student's role and responsibilities shall be clearly defined; for example, (1) minimum immunizations or required PPE required prior to clinical rotations. (2) minimum availability and scheduling contact(s) for students.
3. Clinical requirements are performance based, not hourly based. Clinicals

are in addition to the minimum didactic portion.

4. Clinical contact areas must ensure the student experience is efficient and effective in achieving clinical objectives. Such as:

Prehospital EMS:

- a) Ensure appropriate oversight and accountability where students are not operating as independent practitioners.
- b) Ensures students operate under the appropriate treatment protocols as authorized by medical control.
- c) Transporting 911 services are the preferred clinical site for EMT students; however, other clinical settings can include non-transporting or non-emergent services as approved by the Department.
- d) Training Institutions may request variance regarding clinical requirements directly to the Department.

Hospitals

- a) Areas utilized must provide patient care comparable to the condition(s) an EMT/AEMT/Paramedic may encounter in the pre-hospital setting.
- b) Ensures appropriate oversight and accountability where students are not operating as independent practitioners.

Patient Encounters:

- a) The institute will document each student's patient encounters appropriately while maintaining HIPPA laws and regulations.
- b) The institute and clinical facility will ensure that any assessment and care provided by the student is within their scope of education and practice.
- c) Students should be able to explain the rationale for application of assessment(s), procedure(s) and protocol(s) in any patient care situation.

Training Institution is required to provide oversight into quality assurance tracking patient encounters.

Student Supervision:

- a) Shall be provided by appropriate institute staff or preceptors approved by the institute.
- b) The institute shall have written policies and documentation of the process for selecting, training, and orientating clinical

preceptors.

Student identification:

- a) Students shall be **clearly identified** as a student by use of nametags, uniforms or other means used to distinguish them from agency or facility personnel.

Out of State Clinicals \Enclosure 08.docx

Out of State EMS programs often request for their student(s) to perform clinical hours within the State of South Carolina. Out of State EMT Programs shall submit an official request to the Department prior to conducting clinical rotations in South Carolina. Failure to conform to these standards may result in Department action on the host or sponsoring clinical site and denial of future approval(s). Out of State EMT Programs may only conduct clinical rotations in South Carolina after the following criteria are met:

- 1) Must have a completed and signed Enclosure 8
- 2) Must have written agreement [MOA, MOU, contract, etc.] between teaching institutions and each South Carolina agency or facility providing clinical.
- 3) The Out of State EMT Program must have a South Carolina licensed Medical Director providing oversight to students performing clinical rotations in South Carolina.
- 4) Copies of Certificate of Insurance (COI) for each student or COI for the Program.
- 5) All students must have current, Department approved, BLS Provider credential.
 - a. Advanced or Paramedic students must maintain their NREMT or SC provisional credential for the duration of their clinical rotation period in South Carolina.

The Department will issue a Letter of Support for Out of State EMT Program(s) for a specific duration. Only approved programs may conduct clinical rotations in South Carolina. The Department must be notified of each subsequent period of clinical time requested or any extensions of more than 30 days to an approved clinical rotation.

Verification of Initial Course Completion

For candidates to qualify for eligibility to take the National Registry Psychomotor

Examination (PE) and Computerized Adaptive Test (CAT), each student must satisfy all the following requirements:

- Have met the minimum attendance requirements; no student shall exceed twenty (20%) percent of the course total contact hours.
- Have met all eligibility requirements and pre-requisites to be accepted into the course (see applicable course entrance requirements).
- Pass the course with a minimum overall score of 75% for EMT-basic and AEMT courses (A final grade of 74.5 may be rounded up to 75). Training Institution is responsible for creating grading guidelines.
- Pass the in-course practical skills competency to the satisfaction of the instructor(s) and/or program requirements.
- Successfully completion of all clinical/field internship requirements.
- Successfully completion and obtain a Department approved BLS credential.
 - No student may be exempt from the BLS portion of the course, regardless of their BLS Provider status upon entering the course. All students are required to successfully complete a Department approved BLS provider course and issued a new BLS Provider card as part of their initial course.
- Paramedic candidates must successfully complete and obtain a Department approved ACLS credential.
 - No student may be exempt from the ACLS portion of the course, regardless of their ACLS Provider status upon entering the course. All students are required to successfully complete an ACLS provider course and issued a new ACLS Provider card as part of the initial paramedic course.
- Candidates must complete a user profile in the state's current credentialing repository system utilizing their full legal name.
- Candidates must complete a user profile with the National Registry of EMTs utilizing their full legal name.
- All required documentation has been received/verified by the DPH.
- Institutions may evoke additional requirements and/or higher standards to be completed by the student(s) as outline in the course syllabus, student handbook, and/or Course Statement of Understanding.

Important Note: Make sure your instructors stress to each student to complete

their application on the National Registry website **prior** to the last day of class. Candidate Instructions for completing the NR application can be found on www.nremt.org

Upon completion of the course, the Program Coordinator must complete the following steps. Once verification has been submitted, you will not be able to go back and edit/change the submission:

- 1) Verify the student's course completion to the National Registry.
- 2) Place the pass/fail grade by each student's name in state's credentialing repository system.

NOTE: This is the responsibility of the Institution's EMT Program Coordinator. The Program Coordinator may NOT delegate these two duties to an instructor.

Certification Examinations

The state of South Carolina currently utilizes the National Registry Examinations for all levels of EMTs. Individuals applying for a national certification must meet the requirements established by the NREMT:

- 1) Successful completion of a state-approved course that meets or exceeds the national educational standards.
 - a. Candidates must have completed a state approved initial course within the past twenty-four (24) months and the Program Coordinator must verify successful course completion on the NREMT website.
 - b. If the candidate completed their initial educational program *more than* twenty-four (24) months ago, and the candidate has a current South Carolina [i.e., provisional] certification, the candidate must document successful completion of a state approved refresher course for the applicable level within the past two years.
 - c. Candidates who previously held, but do not currently hold a state or NREMT certification must complete the current "re-entry" requirements established by NREMT.
- 2) All candidates must have a current Department approved BLS Provider credential.
- 3) Paramedic candidates must have a current ACLS Provider credential.
- 4) Successful completion of the NREMT CAT.

National Registry Written Computer Adaptive Test (CAT) Examination

To gain permission to take the cognitive portion of the NR examination, candidates must receive their "Authorization to Test" (ATT) letter from the National Registry. The candidate will receive their ATT via email once the application is complete and the cognitive test fee has been paid.

NOTE: The ATT will contain the specific contact information necessary for the candidate to arrange a date and time to take the NR cognitive examination.

If a candidate is unsuccessful on an exam attempt, they may apply to retest **15 days** after the last examination, if eligible. After three unsuccessful examination attempts, candidates must submit official documentation verifying the completion of a remedial training program. After a remedial training program is complete, the candidate is given additional attempts to pass the examination. Remedial training does not extend the candidates twenty-four (24) month End of Course (EoC) deadline. Candidates who fail to pass the cognitive exam after a total of six (6) attempts are required to complete an entire state approved education program.

The EMT remedial training requirement can be satisfied through three different options:

- 1) Traditional Refresher Course: Completion of a State or CAPCE approved twenty-four (24) hour EMT refresher course.
- 2) NCCR 20 hours of continuing education: Completion of the twenty (20) hour National Competency Component from the NCCP model.
- 3) Continuing education topic hours: EMT remedial may be completed by continuing education and must include the topics and hours listed under Traditional Model.

EMT Training Institutions

While EMTs aren't required to earn an associate or higher to obtain a certification, they do need to complete several steps prior to sitting for the credentialing process. All aspiring EMTs must complete a state-approved education program in emergency medical technology to be considered for

certification. Training institutions will be granted approval for no more than four (4) years.

Initial EMT Institution Application

The application for designation of a DPH - approved EMT training institution requires one person; designated by the VP of Technical School or the training institution's President or Executive Director, to be solely responsible for the program. This person, herein referred to as the EMT Program Coordinator, must be a school official/employee and must receive an orientation to the EMT training program by a member of the DPH training staff involved in the administration of the program.

Re-Authorization EMT Institution Application

All training institutions wanting to continue offering the EMT training program must make application to and be approved by the DPH prior to current expiration to avoid lapse in authorization. No institution may conduct courses with expired credentials. Application for reauthorization shall be complete and compliant with all requirements set forth in this administrative policy manual. Institutions seeking re-authorization must have actively conducted an initial EMT training course within their current authorization cycle. The application shall include minimal institutional data as defined by the Department. Institutions with a consecutive three (3) year sum average NREMT Computer Adaptive Test (CAT) first attempt pass rate less than or equal to seventy percent (70%) may be denied re-authorization or placed on academic probation.

EMT Student Pre-Requisites

1. It is required to complete a standardized exam [ACET, HOBET, etc.] assessing basic reading comprehension skills at a minimum at the ninth-grade level prior to course enrollment, within the last twenty-four (24) months.
 - a. Program Coordinators (PCs) often comment that poor basic skills

become problematic when attempting to teach many parts of the EMT course. Deficiencies in basic skills are difficult to overcome throughout the course, but are most evident when teaching communication skills, documentation, and pharmacology math skills. It is not the intent of professional education to teach basic skills, but rather build on an existing base of academic competencies. The EMT curriculum assumes competence in English and math prior to beginning the course.

2. Must be physically able to perform all the tasks required of an EMT student, within the recommendations of NREMT ADA standards for the CAT.

Initial EMT Educational Program Summary:

[..\Enclosure 07 EMT Skills Competency Form.docx](#)

The following represents a summary of the required components and minimum time requirements for the EMT program:

- 1) The Didactic portion must meet the current National Emergency Medical Services Education Standards and include the following:
 - a. EMS Credential establish, maintenance and renewal of:
 - i. National credentialing requirements.
 - ii. State credentialing requirements.
 - b. Department approved resiliency training. (Supplemental training is required by South Carolina but not required to take the NREMT)
 - c. Department approved anaphylaxis autoinjector alternatives [EPI 1:1 IM]. (Supplemental training is required by South Carolina but not required to take the NREMT)
 - d. Establish knowledge of the indications, contraindications, technique, and possible complications associated with placement of BIADs. (Supplemental training is required by South Carolina but not required to take the NREMT)
 - e. Successful completion of a Department approved Basic Life Support Provider course.

EMT Didactic and Skill Program Length = minimum 200 hours
- 2) Clinical or Field setting:
 - a. Must complete assessment section. (BLS Required prior to clinical/field setting)

- b. A clinical or field educational component is required. The educational institution should ensure enough patient contact time for the student to successfully perform ten (10) 'live' patient assessments without assistance.
 - c. This minimum is established to ensure that the student has satisfactorily met all competencies required for completion of the educational program.
 - d. If a student is deemed as "Needs Improvement" upon the completion of the minimum patient contacts, then the educational medical advisor, program lead instructor and Program Coordinator are responsible for ensuring that the student is provided an outline for remediation.
 - i. The remediation outline should include additional skills lab, clinical/field hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
- 3) Documentation must be maintained in a student's file to show that the educational medical advisor, program lead instructor and program coordinator were in complete agreement with the final determination.

NOTE: The educational institution may increase the minimum number of contact hours.

Advanced EMT Training Institutions [..\Enclosure 01B.docx](#)

While AEMTs aren't required to earn an associate or higher to obtain a certification, they do need to complete several steps prior to sitting for the credentialing process. All aspiring AEMTs must complete a state-approved education program for Advanced Emergency Medical Technology to be considered for certification. Training institutions will be granted approval for no more than four (4) years. It is assumed that a state endorsed AEMT institution can teach AEMT and all levels below.

Initial AEMT Institution Application

- Must submit a complete application with the Department and be approved as a SC AEMT Training Institution prior to submitting a request for course approval.
- All Applicants must contain the following:

1. Individual identified as PM.
2. Individual identified as MCP
3. At least one (1) SC recognized AEMT/Level ## or above instructor.
4. Equipment Verification Checklist, self-inspection

Re-Authorization AEMT Institution Application

All training institutions wanting to continue offering the AEMT training program must make application to and be approved by the DPH prior to current expiration to avoid lapse in authorization. No institution may conduct courses with expired credentials. Application for reauthorization shall be complete and compliant with all requirements set forth in this administrative policy manual. Institutions seeking re-authorization must have actively conducted initial AEMT training course within their current authorization cycle. The application shall include minimal institutional data as defined by the Department. Institutions with a consecutive three (3) year sum average NREMT Computer Adaptive Test (CAT) first attempt pass rate less than or equal to seventy percent (70%) may be denied re-authorization or placed on academic probation.

AEMT Student Pre-Requisites

1. Candidates must be 17 years of age on or before the official start date of the course.
2. Possession of a high school diploma or equivalent.
3. Candidates must possess an unencumbered National Registry or South Carolina EMT Level Credential prior to authorization for clinicals.
4. It is *recommended* to complete a standardized exam [ACET, HOBET, etc.] assessing basic reading comprehension skills at a minimum at the tenth-grade level prior to course enrollment.
5. Must be physically able to perform all the tasks required of an EMT student, within the recommendations of NREMT CAT standards.

Initial AEMT Educational Program Summary

The following represents a summary of the required components and minimum time requirements for the AEMT program:

- 1) The Didactic section must include the following:
 - a. EMS Credential maintenance and renewal component:
 - i. National credentialing requirements.

- ii. State credentialing requirements.
 - b. Department approved resiliency training.
 - c. Department approved anaphylaxis auto injector alternatives [EPI 1:1 IM].
- 2) Clinical or Field setting:
- a. A clinical or field educational component is required. The educational institution should ensure enough patient contact time for the student to successfully complete the Student Minimum Competency Model Guidelines outlined by NASEMSO.
 - i. <https://nasemsso.org/wp-content/uploads/NASEMSO-AEMT-SMC-Final-2023-06.pdf>
 - b. This minimum is established to ensure that the student has satisfactorily met all competencies required for completion of the educational program.
 - c. If a student is deemed as “Needs Improvement” upon the completion of the minimum patient contacts, then the educational medical advisor, program lead instructor and program coordinator are responsible for ensuring that the student is provided an outline for remediation.
 - i. The remediation outline should include additional skills lab, clinical/field hours to ensure the student can satisfactorily meet all competencies required for successful completion of the educational program.
 - d. Documentation must be maintained in a student’s file to show that the educational medical advisor, program lead instructor and program coordinator were in complete agreement with the final determination.
 - e. Attestation of achievement of AEMT Skills by the Program Coordinator

AEMT Program Length= 248 hours, minimum

Paramedic Training Institutions

While Paramedics aren’t required to earn an associate or higher to obtain a certification, they do need to complete several steps prior to sitting for the credentialing process. To be considered for certification, all aspiring students must complete a state-approved Paramedic educational program. Training institutions will be granted approval for no more than four (4) years. State endorsed Paramedic institution can teach Paramedic and all levels below.

Initial Paramedic Institution Application

- Must submit a complete application with supporting documentation to the Department prior to requesting an onsite inspection.
- Once the onsite inspection is complete to the Department satisfaction, the institution will be endorsed as a state approved training institution. Then, the Training Institution can submit a “Request for Accreditation Services” (RAS) with CAAHEP to begin the advanced accreditation process.
- Upon Letter of Review (LOR), the institution can then request Paramedic course approval.

Re-Authorization Paramedic Institution Application

All training institutions wanting to continue offering the Paramedic training program must make application to and be approved by the DPH prior to current expiration to avoid lapse in authorization. No institution may conduct courses with expired credentials. Institutions requesting re-authorization must possess and maintain the appropriate Committee on Accreditation (CoA) for the profession as outline in the CAAHEP policy and procedures.

Application for reauthorization shall be complete and compliant with all requirements set forth in this administrative policy manual. Institutions seeking re-authorization must have actively conducted initial Paramedic training course within their current authorization cycle. The application shall include minimal institutional data as defined by the Department. Institutions with a consecutive three (3) year sum average NREMT Computer Adaptive Test (CAT) first attempt pass rate less than or equal to seventy percent (70%) may be denied re-authorization or placed on academic probation.

Paramedic Student Pre-Requisites

1. Candidates must be of 17 years of age on or before the official end date of the course.
2. Possession of a high school diploma or equivalent.
3. Candidates must possess an unencumbered National Registry or South Carolina EMT Level or higher credential prior to authorization for clinicals (team leads).
4. Candidates must successfully complete an Anatomy and Physiology course

- meeting the NHSTA Paramedic National Curriculum Standards (Appendix E)
5. It is *recommended* to complete a standardized exam [ACET, HOBET, etc.] assessing basic reading comprehension skills at a minimum at the tenth-grade level prior to course enrollment.
 6. Must be physically and able to perform all the tasks required of an EMT student, within the recommendations of NREMT PE and CAT standards.

NOTE: Paramedic programs are responsible for maintaining compliance, standards and exceptions issued by Committee on Accreditation (CoA) and the Department as they evolve.

Instructor Authorization

Instructor authorization (certification) is granted to individuals who have achieved and maintained specific credentials and experience. These individuals demonstrate the highest level of professional commitment to the EMS field.

The current levels of credentialed EMS instructor in SC:

Level I Instructor = CEP Instructor
Level II Instructor = For Future Use
Level III Instructor = EMT Instructor
Level IV Instructor = AEMT Instructor
Level V Instructor = Paramedic Instructor
Level IV Instructor = Endorsement Instructor for future Use

Every credentialed instructor is sponsored by and connected to a SC approved EMT training institution or SC licensed agency. The training institution is the employing agency of that instructor. Any person desiring to become a SC credentialed instructor, must meet the following requirements:

Level I Initial Instructor [CEP]

- Initial Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:
 - Current, unencumbered, certification as a SC EMT at or above the level applied to instruct.

- Successful completion and documentation of a 40-Hour Instructor Methodology course or equivalent.
- Successful completion of the Department's instructor orientation of the EMT Course Administration and Policy Guidelines.
- Endorsement from a current Local Training Institution which the instructor will be teaching.

NOTE: If the instructor will be teaching for more than one Local Training Institution, a Letter of Endorsement must be completed by each Institution and submitted to the Department to be added to the agency's institution license for approval.

NOTE: If the CEP instructor will be teaching at an endorsement level, such as: Critical Care, Tactical and/or Community Paramedic, they must also hold the IBSC Credential and South Carolina endorsement in which they are instructing.

Level I Provisional Instructor [CEP]

- Provisional Instructor certifications are issued for twelve (12) calendar months and shall expire on the last day of the 12th month³.
- Candidates must submit a completed application to the Department to include:
 - Current unencumbered, certification as a SC EMT at or above the level applied to instruct.
 - Endorsement from a current Local Training Institution which the instructor will be teaching.

NOTE: If the instructor will be teaching for more than one Local Training Institution, a Letter of Endorsement must be completed by each Institution and submitted to the Department to be added to agency's institution license for approval.

NOTE: If the CEP instructor will be teaching at an endorsement level, such as: Critical Care, Tactical and/or Community Paramedic, they must also hold a South Carolina endorsement in which they are instructing.

Level I Reauthorization [CEP]

- Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.

- Candidates must submit a completed application to the Department to include:
- Current, unencumbered, certification as a SC EMT at or above the level applied to instruct.
 - Successful completion the Department's instructor orientation of the EMT Course Administration and Policy Guidelines.
 - Re-Endorsement from a current Local Training Institution which the instructor will be teaching.
 - Must have documentation of **a total of six (6) hours per full certification cycle or one and half (1.5) hours per certified calendar year** of Department approved continuing education units (CEU) in instructor methodology courses. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
 - Must have documentation of teaching **a minimum of twenty-four (24) hours per full certification cycle or six (6) hours per calendar year** in a SC approve Continuing Education Program. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
 - Must submit a complete an Instructor Re-Authorization application, **Enclosure 3**, for their highest level of their instructor certification **at least thirty (30) days prior to their expiration date.**

NOTE: Instructors are responsible for submission of all required documents 30 Days prior to their instructor expiration date.

NOTE: If the CEP instructor will be teaching at an endorsement level, such as: Critical Care, Tactical and/or Community Paramedic, they must also hold the IBSC Credential and South Carolina endorsement in which they are instructing.

NOTE: If the instructor will be teaching for more than one Local Training Institution, a Letter of Endorsement must be completed by each Institution and submitted to the Department to be added to agency's institution license for approval.

Level II Instructor

This level is for future use.

Level III Initial Instructor [EMT]

[..\Enclosure 02A Level III Instructor.docx](#)

- Initial Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:
 - Must be endorsed by Program Coordinator.
 - Have three (3) years' experience at the level for which he or she intends to teach.
 - Current, unencumbered, certification as a National Registered EMT, AEMT or Paramedic.
 - Current, unencumbered, certification as a SC EMT, AEMT or Paramedic.
 - Must possess and maintain a Department approved Basic Life Support Instructor Credential.
 - Successful completion and documentation of a 40-Hour Instructor Methodology course or equivalent.
 - Successful completion and documentation of fifteen (15) hours of monitored teaching by a current SC Level III or above Instructor.
 - Successful completion the Department's instructor orientation of the EMT Course Administration and Policy Guidelines.

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to agency's institution license for approval.

[Level III Provisional Instructor \[EMT\]](#)

- Provisional Instructor certifications are issued for twelve (12) calendar months and shall expire on the last day of the 12th month.
- Current, unencumbered, certification as a SC EMT, AEMT, or Paramedic.
- Must possess and maintain a Department approved Basic Life Support Instructor Credential.
- Endorsement from a current Training Institution which the instructor will be teaching.

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to agency's institution

license for approval.

Level III Reauthorization [EMT] [..\Enclosure 02A Level III Instructor.docx](#)

- Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:
 - Current, unencumbered, National Registered Credential
 - Current, unencumbered, SC EMT, AEMT or Paramedic Credential
 - Must possess and maintain a Department approved Basic Life Support Instructor Credential.
 - Individual “Primary” Pass Rate
 - Must have documentation of **a total of twelve (12) hours per full certification cycle or four (4) hours per certified calendar year** of Department approved continuing education units (CEU) in instructor methodology courses. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
 - Must have documentation of teaching **a minimum of one hundred (100) hours per full certification cycle or twenty-five (25) per certified calendar year** in a SC approve. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
 - Must submit a complete an Instructor Re-Authorization application, **Enclosure 3**, for their highest level of their instructor certification **at least thirty (30) days prior to their expiration date.**

NOTE: Instructors are responsible for submission of all required documents 30 Days prior to their instructor expiration date.

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to agency’s institution license for approval.

Level IV Initial Instructor [AEMT] [..\Enclosure 3B.docx](#)

- Initial Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:

- Must be endorsed by Program Coordinator
- Have three (3) years' experience at the level for which he or she intends to teach.
- Current certification as a National Registered AEMT or Paramedic
- Current certification as a SC AEMT or Paramedic
- Successful completion and documentation of a 40-Hour Instructor Methodology course or equivalent.
- Successful completion and documentation of fifteen (15) hours of monitored teaching by a current SC Level III or above Instructor.
 - If the applicant is a current LEVEL III instructor, monitored teaching is not required for upgrade.
- Successful completion the Department's instructor orientation of the EMT Course Administration and Policy Guidelines.
- Must possess and maintain a Department approved Basic Life Support Instructor Credential.
- Must possess and maintain a Department approved Trauma Life Support Instructor Credential [PHTLS, ITLS or ATLS].
- Resume or CV detailing a minimum of one (1) year of teaching experience (CPR, First Aid, CEP, EMR, etc.)

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to agency's institution license for approval.

Level IV Provisional Instructor [AEMT]

- Provisional Instructor certifications are issued for twelve (12) calendar months and shall expire on the last day of the 12th month.
- Candidates must submit a completed application to the Department to include:
 - Must be endorsed by Program Coordinator.
 - Current certification as a National Registered AEMT or Paramedic.
 - Current certification as a SC AEMT or Paramedic.
 - Successful completion and documentation of fifteen (15) hours of monitored teaching by a current SC Level III or above Instructor.
 - Must possess and maintain a Department approved Basic Life Support Instructor Credential.
 - Must possess and maintain a Department approved Trauma Life

Support Instructor Credential [PHTLS, ITLS or ATLS].

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to agency's institution license for approval.

Level IV Re-Authorization Instructor [AEMT] [..\Enclosure 3B.docx](#)

- Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:
 - Must be endorsed by Program Coordinator.
 - Current certification as a National Registered AEMT or Paramedic
 - Current certification as a SC AEMT or Paramedic
 - Must possess and maintain a Department approved Basic Life Support Instructor Credential.
 - Must possess and maintain a Department approved Trauma Life Support Instructor Credential [PHTLS, ITLS or ATLS].
 - Individual "Primary" Pass Rate
 - Must have documentation of **a total of twelve (12) hours per full certification cycle or four (4) hours per certified calendar year** of Department approved continuing education units (CEU) in instructor methodology courses. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
 - Must have documentation of teaching **a minimum of one hundred (100) hours per full certification cycle or twenty-five (25) per certified calendar year** in a SC approved institution. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
 - Must submit a complete an Instructor Re-Authorization application, **Enclosure 3**, for the highest level of their instructor certification **at least thirty (30) days prior to their expiration date.**

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to the agency's institution license for approval.

Level V Initial Instructor [PARAMEDIC] [..\Enclosure 3B.docx](#)

- Initial Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:
 - Must be endorsed by Program Coordinator.
 - Have three (3) years' experience at the level for which he or she intends to teach.
 - Current certification as a National Registered Paramedic
 - Current certification as a SC Paramedic
 - Must have successfully completed a RSI Class
 - Must have successfully completed a 12-Lead Course
 - Must have successfully completed Anatomy & Physiology course or equivalent.
 - Applicants must meet one of the following:
 - Minimum of three (3) years of experience as a Paramedic; OR
 - The Department may consider applicants with degree(s) in lieu of experience.
 - Successful completion and documentation of a 40-Hour Instructor Methodology course or equivalent.
 - Successful completion and documentation of fifteen (15) hours of monitored teaching by a current SC Level III or above Instructor.
 - If the applicant is a current LEVEL III or IV instructor, monitored teaching is not required for upgrade.
 - Successful completion of the Department's instructor orientation of the EMT Course Administration and Policy Guidelines.
 - Must possess and maintain a Department approved Basic Life Support Instructor Credential.
 - Must possess and maintain a Department approved Trauma Life Support Instructor Credential [PHTLS, ITLS or ATLS].
 - Must possess and maintain a Department approved Advanced Life Support Instructor Credential [ACLS].
 - Must possess and maintain a Department approved Pediatric Instructor Credential [PALS, PEPP/EPC, PEARS].
 - Resume or CV detailing a minimum of one (1) year of teaching experience (CPR, First Aid, CEP, EMR, etc.)

NOTE: If the instructor will be teaching for more than one Training Institution, a

Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to agency's institution license for approval.

Level V Provisional Instructor [PARAMEDIC]

- Provisional Instructor certifications are issued for twelve (12) calendar months and shall expire on the last day of the 12th month.
- Candidates must submit a completed application to the Department to include:
 - Must be endorsed by Program Coordinator.
 - Current certification as a National Registered Paramedic.
 - Current certification as a SC Paramedic.
 - Applicants must meet one of the following:
 - Minimum of three (3) years of experience as a Paramedic; OR
 - In lieu of experience, the Department may consider applicants with degree(s).
 - Successful completion and documentation of fifteen (15) hours of monitored teaching by a current SC Level III or above Instructor.
 - Must possess and maintain a Department approved Basic Life Support Instructor Credential.
 - Must possess and maintain a Department approved Trauma Life Support Instructor Credential [PHTLS, ITLS or ATLS]
 - Must possess and maintain a Department approved Advanced Life Support Instructor Credential [ACLS].
 - Must possess and maintain a Department approved Pediatric Life Support Instructor Credential [PALS, PEPP/EPC, PEARS].

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to the agency's institution license for approval.

Level V Re-Authorization Instructor [PARAMEDIC] [..\Enclosure 3B.docx](#)

- Instructor certifications shall expire on the last day of the month in which their State EMT certification expires.
- Candidates must submit a completed application to the Department to include:
 - Must be endorsed by Program Coordinator.

- Current certification as a National Registered Paramedic
- Current certification as a SC Paramedic
- Must possess and maintain a Department approved Basic Life Support Instructor Credential.
- Must possess and maintain a Department approved Trauma Life Support Instructor Credential [PHTLS or ITLS].
- Must possess and maintain a Department approved Advanced Life Support Instructor Credential [ACLS].
- Must possess and maintain a Department approved Pediatric Life Support Instructor Credential [PALS, PEPP/EPC, PEARS].
- Individual “Primary” Pass Rate
- Must have documentation of **a total of twelve (12) hours or four (4) hours per certified calendar year** of Department approved continuing education units (CEU) in instructor methodology courses. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
- Must have documentation of teaching **a minimum of one hundred (100) hours per full certification cycle or twenty-five (25) per certified calendar year** in a SC approved institution. *Any exceptions to this requirement will be handled by the Department on a case-by-case basis.*
- Must submit a complete an Instructor Re-Authorization application, Enclosure 3, for the highest level of their instructor certification **at least thirty (30) days prior to their expiration date.**

NOTE: Instructors are responsible for submission of all required documents 30 Days prior to their instructor expiration date.

NOTE: If the instructor will be teaching for more than one Training Institution, a Letter of Endorsement must be completed by each Institution Program Coordinator and submitted to the Department to be added to the agency’s institution license for approval.

Re-Instatement of Lapsed Instructors

Individuals who let their instructor authorizations lapse, may be re-instated as an instructor by submitting all appropriate documentation as if they are an “initial” instructor. These individuals are no longer “grandfathered” and must meet the current instructor requirements established.

Instructor Remediation

NREMT CAT pass rates of all levels must be monitored by the Program Coordinator. CAT Pass rates must be reviewed by the overall school rate and drilled down for each SC Lead Instructor for each assigned course. During the Instructor's certification period, the designated Lead instructor must maintain a satisfactory pass rate for the National Registry CAT of all eligible candidates from courses for which that instructor was responsible.

Successful pass rates are defined as first time pass rates of the NREMT above seventy percent (70%) of candidates who complete the CAT. The Program Coordinator must notify the Department should they discover a primary instructor who falls at or below the seventy percent (70%) NREMT first-time pass rates of the CAT on two or more consecutive initial courses. The Department shall notify the Instructor and/or Program Coordinator in writing to request the parties to submit a reasonable Remedial Action Plan (RAP) to resolve the situation(s). Failure to comply with Department modifications may result in revocation of the instructors and/or institution's credentials.

NOTE: If the instructor was issued a provisional instructor credential or never assigned as a primary instructor, NREMT CAT first-time pass rates are exempted for these individuals for instructor reauthorizing.

Plan of Correction (POC)

POCs are used to bring about improvements to processes and/or policies and is undertaken to eliminate undesirable situation(s). POCs focus on the systematic investigation and identification of the root causes of the transgression(s) and develop action to prevent their recurrence (corrective action) and/or to prevent occurrence (for preventive action).

POCs may be implemented in response to student complaints, repetitive violations of Department standards, undesirable situation(s) identified during an internal audit, or undesirable trends in student performance. POCs may be developed at a [internal] local level by the Program Coordinator for instructor development. POCs may be requested and approved by the Department for the instructor and/or sponsoring institution depending on the root causes identified.

POCs may include:

- ✓ Corrective actions: prevent the recurrence with items such as, but not limited to:
 - Designed to correct an issue, problem, non-compliance or under performance.
 - Develop systematic annual audit/inventories
 - Typically designed to be specific, measurable, achievable, relevant and time bound.
- ✓ Preventive actions: prevent occurrence with items such as, but not limited to:
 - Develop systematic classroom observations
 - Survey and collect student feedback/evaluation(s)
 - Develop assessment tools for 'new' instructors
 - Develop different measures of student achievement.
- ✓ Identify professional developmental education/course(s), such as, but not limited to:
 - Repeat instructor methodology course
 - Repeat Department orientation
 - Shadow a NREMT Psychomotor Exam Representative
 - Completion and documentation of fifteen (15) hours of monitored teaching by a current SC Level III or above Instructor².

Upon successful completion of the remediation requirements to the satisfaction of the Department, the EMT Program Coordinator may request that instructor to be re-authorized (certified) as a “primary” instructor.

If the instructor fails to successfully complete the required remediation or if the instructor has a fail rate at or below seventy percent (70%) on their next course, that instructor may have their instructor credential revoked for a full four (4) year period. At the end of the four (4) year period, that instructor may re-apply as an instructor, but must meet the initial instructor requirements for the applicable level of request.

Instructor Revocation

All instructors are expected to provide a positive example for their students and adhere to all federal and state laws, regulations and policies that govern their profession. The personal conduct of instructors must be above reproach. The success or failure of any course may rest on the conduct and behavior of the

instructor. Prudent and mature judgment should always be exercised.

The authorization (certification) of EMT instructors is a privilege. In accordance with SC EMS Regulation 61-7, Section 112 (D), the Department may suspend or revoke an EMT or CEP instructor authorization for any of the following reasons:

- Any act of misconduct as outlined in Section 303 of EMS Regulation 61-7.
- Expiration, suspension or revocation of the holder's NR or SC Paramedic certification.
- Failure to maintain required credentials necessary for instructor authorization.
- Any act of proven harassment (sexual or otherwise) toward any student, instructor or training institution personnel.
- Use of profane, obscene or vulgar language while in the presence of students or training institution personnel.
- Conducting class without the required minimum equipment available and in clean, working condition.
- The use of any curricula, texts or materials not approved by the Department
- Gross or repeated violations of policies pertaining to the EMT or CEP training program.
- Multiple instructor reprimands within a given period as established by the Department.
- Any other actions determined by the Department that compromises the integrity of the program. Those actions may include, but are not limited to the following:
 - An instructor who places himself/herself in a situation which will bring embarrassment or unfavorable notoriety to himself/herself or the training institution.
 - Consistently starting class late or dismissing class early.
 - Unprofessional behavior in the classroom or on the property of the training institution or class site.
 - Failure to notify the EMT Program Coordinator when classes must be cancelled or re-scheduled.
 - Conducting class while under the influence of alcohol or drugs (prescribed, non-prescribed or illegal).
 - Falsification of any paperwork pertaining to the course – i.e. attendance records, equipment lists, skill verification documents, certificate application cards, grades, etc.

- Repeated poor class results of the National Registry examinations.

The instructor is an 'employee' of the SC approved Training Institution and must maintain the endorsement of the Program Coordinator to maintain their instructor authorization.

NOTE: Training institutions may impose any remedial, coaching, or disciplinary measures on their instructors as deemed necessary in accordance with their institution's employee policy and procedures.

Recertification Options

The term EMT will apply to ALL certified levels of Emergency Medical Technicians. EMTs in the State of South Carolina must recertify every four (4) years. An individual who was certified in this state before October 1st, 2006, and has continuously maintained a South Carolina state EMT certification at any level without lapsing, may continue to renew that certification without a NREMT credential. Any EMT whose SC EMT credential expires prior to becoming re-certified must obtain and maintain a NREMT credential to be reinstated.

NOTE: Requests for recertification are accepted six (6) months or 180 days prior to expiration without penalty. Meaning, an individual does not "lose" the time remaining on the current certification cycle.

For example, Individuals will receive an additional 4 years + time remaining (up to 6m):

An individual who is due to recertify 08/15/2020 submits their application in February 2020 will be issued an expiration date of 08/15/2024

State License Only (SLOs) ConEd

The following options is only available to current South Carolina Certified EMTs who became certified prior to October 1st, 2006, and have maintained their state certification without lapse, but do not possess a NREMT credential.

1. **CEP Option:** the applicant must successfully complete a Department approved CEP that meets or exceeds the current National Continued Competency Program for each two (2) year cycle of the appropriate EMT level. The model requires ConEd in three (3) components: (a) National component (2) Local/State component (3) Individual component.
2. **Refresher Course:** the applicant must successfully complete a Department approved, or its equivalent, EMT refresher course for the appropriate EMT

level [i.e. EMT/Paramedic] for each two (2) year cycle.

- a. Meaning an individual who is due to recertify in 2020 must complete a refresher course in 2016-2018 and 2018-2020 prior to expiration.
3. Individuals who fail to meet the minimal education and skill verifications requirements for both two (2) year cycle, must successfully complete a Department approved refresher course and successfully obtain and maintain a NREMT credential prior to expiration to avoid lapse in service.

NOTE: An individual may use a combination of option 1 and 2 to satisfy their four (4) year educational requirements. *For example*, an individual who is due to recertify in 2020 may complete a refresher course in 2016-2018 and attend an authorized CEP in 2018-2020 prior to expiration.

SCOs Recertification Applications

All recertification materials and requirements must be submitted electronically or postmarked thirty (30) calendar days prior to the date of expiration. Applications submitted after expiration are denied. Applicant must obtain a NREMT credential and submit a request for recertification with all other requirements as required by the Department. **There is no moratorium period.**

1. EMT level: D2358A
 - a. Must include current, Department approved, BLS Credential
 - b. Must complete Department require Criminal Background Check
 - c. Must complete Department required education per two (2) year period of certification cycle.
2. Paramedic level: D2353A
 - a. Must include current, Department approved, BLS Credential
 - b. Must include current, Department approved, ACLS Credential
 - c. Must complete Department require Criminal Background Check
 - d. Must complete Department required education per two (2) year period of certification cycle.

NOTE: There is no SLOs of the Advanced EMT level.

Recertification by NREMT

The following options is required by individuals who obtained a South Carolina Certified EMTs on or after October 1st, 2006. These individuals must complete the educational and competency requirements as established by NREMT.

1. Recertification by Continued Education

The NREMT requires individuals to complete the latest National Continued Competency Program (NCCP) model. The model required continuing education in three (3) components: (1) National component, (2) Local and State component, and (3) an Individual component. Education applied to the National Component must be either State EMS Office recognized or CAPCE accredited

2. Recertification by Exam (RBE)

This option enables you to demonstrate continued cognitive competency without documenting continuing education. Applicants may make **ONE (1) ATTEMPT** to take and pass the exam between April 1st (one year prior to expiration) to March 31 or expiration date. A cognitive competency by exam is available through the applicants NREMT account.

Continued Education Programs (CEPs): [CEP Guidelines Link](#)

Continued Education Programs must meet or exceed the educational and competency requirements as established by NREMT for the applicable level of certification. CEPs must also review all applicable [mandatory] state protocols (such as online pain management, pediatric trauma transport, stroke transport, etc.) education toolkits (such as Resiliency Training) and annual competencies (such as, 10 successful intubations) applicable for the certified level(s). CEP courses must have a Department endorsed Level I, or above, Instructor present for the duration of the course. To be eligible as a 'Primary Instructor,' the CEP Instructor must be certified at or above the level of skill they will instruct.

SC Continuing Education Programs are certified up to four (4) years and will run concurrent with the agency's Department approved license. The Continuing Education Program is a privilege and not a right. Previous approval of a CEP does not automatically mandate approval of future applications from that institution. The Department may discontinue approval at any time for infringement of any policies or procedures as outlined in this manual. CEP courses may be monitored by the Department with or without notice for compliance.

Only a current SC DPH licensed EMS Agency or EMT Training Institution may apply to become a SC CEP [Local Training Institution]. The application process is as follows:

- 1) A completed CEP application must be submitted to the Department
 - a. The Department will notify the agency if the application is incomplete. Applications must be completed/corrected by the submitting agency within thirty (30) days of notification. Failure to complete the application will result in request for resubmission.
 - b. Forms must contain (wet/electronic) signatures of the agency's EMS Director, Medical Control Physician, Program Coordinator, and Training Officer where applicable.
 - c. The requesting agency or institution will complete a self-inventory of their training equipment on Enclosure 6. Note: The requesting agency must maintain all equipment onsite. If equipment is being used off-site, the CEP Program Coordinator must maintain the location of equipment for inspection by the Department.
- 2) An onsite inspection may be scheduled and conducted by the Department.
- 3) Once a CEP institution is granted Department approval, they must request endorsement by NREMT prior to conducting ConEd course(s) for recertification.
- 4) The CEP Training Officer must be currently certified as a SC Level I Instructor or higher.

CEP Program Coordinator and CEP Training Officers must take the Department Orientation within one (1) year of being assigned to their roles.

NOTE: Any exception to these requirements will be handled by the Department on a case-by-case basis.

CEP Program Re-Authorization

The procedure for the renewing of a CEP at a SC DPH licensed EMS Agency is as follows:

- 1) A completed SC CE Program renewal must be submitted to DPH.
 - a. The Department will notify the agency if an application is incomplete. Applications must be completed/correct within thirty (30) days of notification or prior to the institution's expiration. Failure to complete the application will result in request for resubmission.
 - b. Forms must contain signatures of the agency's EMS Director, Medical Control Physician, Program Coordinator, and Training Officer where applicable.
- 2) The requesting agency will complete a self-inventory of their program

training equipment on Enclosure 6 and return signed form with the CEP reauthorization application.

- 3) A random compliance inspection of the program may be conducted prior to the program's renewal date. The audit may include, but not limited to:
 - a. Past sign-in/attendance roster(s)
 - b. Past and/or future lesson plan(s)
 - c. Equipment (maintained by program)
 - d. practice performance/Skill outline(s)
- 4) The Training Officer must be currently certified as a SC Level I (CEP) Instructor or higher.

CEP Medical Control Physician Responsibilities

The Medical Control Physician (Primary and/or Assistant) is responsible for the verification of skill competency for each EMT. The Medical Control Physician is encouraged to take an active part in the teaching and evaluation process of the training program. The Department must be notified, within ten (10) business days of any change in the local Medical Control Physician (Primary and/or Assistant).

Minimum requirements for the Medical Control Physician (Primary and/or Assistant) include:

- 1) The local MCP (Primary and/or Assistant) is listed on the institution's roster in ImageTrend
- 2) Has attended/completed a SC state approved medical control workshop within one (1) year of assuming the responsibilities.
- 3) The local MCP (Primary and/or Assistant) must have a current MD/DO, unencumbered license issued by the South Carolina Board of Medical Examiners.
- 4) The Medical Control Physician must ensure that each EMT is competent and has satisfied ALL requirements of the Continuing Education Program.

The Medical Control Physician is recommended to attend Workshop

EMS Director Responsibilities

It is important that the EMS director of each SC licensed EMS agency be familiar with the agency's CEP and Department policies. This would allow the program to continue should a vacancy occur in the CEP Program Coordinator or CEP Training Officer position(s). The EMS Director is recommended to attend CEP Workshop.

CEP Program Coordinator

Each SC licensed EMS agency must designate one (1) person as the CEP Program Coordinator. This is an administrative role and is responsible for assuring compliance with all program requirements and submission of all paperwork to DPH. Being EMT certified is not necessary for the CEP Program Coordinator role, although recommended. DPH must be notified in writing, within ten (10) business days of any change in the agency's CEP Program Coordinator.

Minimum Requirements:

- 1) Be listed as the CEP Program Coordinator (volunteer or paid) on the institution's roster in the state repository system.
- 2) Must complete the Department Orientation workshop within one (1) year of being assigned as Program Coordinator.
- 3) Must complete any SC DPH approved Training Officer's Orientation refresher workshops during their certification period as determined by the Bureau.
- 4) Must be endorsed by his/her agency's EMS Director.

NOTE: If the Program Coordinator will be responsible for more than one Local Training Institution, a Letter of Endorsement must be completed by each Agency's EMS Director and submitted to the Department to be added to agency's institution license for approval.

NOTE: This individual may be assigned other roles associated with the CEP such as, the CEP Training Officer or CEP Instructor

CEP Training Officer

Each SC licensed EMS agency must designate at least one person as the CEP Training Officer. This person is considered the primary instructor of the CEP. DPH must be notified in writing, within ten (10) business days of any change in the program's Training Officer.

Minimum Requirements:

- 1) Be listed as the Training Officer (volunteer or paid) on the institution's roster in ImageTrend.
- 2) Must complete a SC DPH approved Training Officer's Orientation initial workshop within one year of being assigned as Training Officer.

- 3) Must complete any SC DPH approved Training Officer's Orientation refresher workshops during their certification period as determined by the Department.
- 4) Must be endorsed by his/her agency's EMS Director.
- 5) Must be currently certified as a SC Level I [CEP] Instructor or higher.
- 6) Must be certified at or above the level of candidates they will instruct.

NOTE: If the Program Coordinator will be responsible for more than one Local Training Institution, a Letter of Endorsement must be completed by each Agency's EMS Director and submitted to the Department to be added to agency's institution license for approval.

NOTE: This individual may be assigned other roles associated with the CEP such as, the CEP Training Officer or CEP Instructor

CEP Guest Instructors

Guest instructors may be used during a CEP program as long their use does not exceed more than 50% of the program per calendar year (January to December). A guest instructor does not need to be on the program's roster nor medically certified. A guest instructor should be uniquely qualified to serve as an instructor on the subject [i.e., Subject Matter Expert (SME)]. A person who is not on the institution's roster nor currently certified as a Level I (CEP) Instructor or above, can be utilized as a guest instructor if they meet the requirement of being a SME.

A guest instructor cannot serve as the primary instructor for a CEP course. The local Training Institution must have a primary instructor present when using a guest instructor, to ensure that the course is compliant with all CEP policies.

The institution's Medical Control Physician is not considered as a guest instructor.

CEP Sessions

The principal focus of the CEP is the emphasis on regular training. CEP topics must be set up to meet or exceed the material needed to recertify NREMT credentials. CEP must provide training in a "classroom" setting to maintain educational integrity. EMTs attending CEP are not allowed to arrive late or leave early for any reason and receive credit on topic area. This includes, but not limited to personnel responding to calls for service or other work-related duties.

NOTE: Courses that cannot be applied towards recertification requirements include duplicated courses, clinical rotations, instructor courses, management/leadership courses, performance of duty, preceptor hours, serving as a skill examiner, and volunteer time with agencies. If you have questions on accepted education, please contact the Department.

CEP Records

The CEP institution must provide an original, signed copy of training records; plus, all certifications of accumulated standardized course(s) upon request or separation of employment. Requests may be made by NREMT, the Department or the individual. Requests for records are made in writing to the institution(s). Institutions have thirty (30) calendar days to furnish records. Failure to provide training records may result further action from the Department. The CEP institution must maintain CEP records for a minimum of five (5) years.

Continued Education Units (CEUs)

If you are hosting a course, conference, or other organized educational event in South Carolina for certified PreHospital providers outside of a license EMS CEP Program or Training Institution, you may apply for South Carolina EMS Continue Educational Units (SCEMS CEUs) credit(s) to award your attendees. The approval process generally takes a minimum of thirty (30) calendar days.

Credit(s) are designated in fifteen (15) minutes or 0.25-hour credit increments. Session(s) less than fifteen (15) minutes will not be awarded credit. Credit is only designated for the educational portions of an activity based on the current NREMT® National EMS Education Standards. Events with open remarks, breaks, and lunches [etc.] are omitted when calculating credit(s).

All SCEMS CEU applications must be approved prior to advertising credit. Publicity may not be printed or distributed until written confirmation is received from SCDPH: Division of EMS that the activity has been approved for credit. A 'Save the Date' or preliminary announcement with reference to SCEMS CEU may be released prior to formal activity approval. It is not permissible to state on any activity announcements that application has been made for SCEMS CEU credit or that SCEMS CEU credit is pending.

Applications submitted less than thirty (30) calendar days prior to, or after-the-fact are not considered for SCEMS CEUs.

SCEMS CEU applications must be completed in full of the signature of authorized personnel. Incomplete applications are not considered for approval.

Procedure to Amend Policy Manual

Policy pertaining to the training and certification of EMTs, not defined in the law or regulations, is set by the SC DPH Division of EMS. The Division of EMS will also study the advice and suggestions of the SC Training Committee, the SC EMS Medical Control Committee and the SC EMS Advisory Council. Changes, which occur because of these considerations, will become effective immediately upon posting of the revised/updated manual/policy to the SC DPH website, unless otherwise stated in writing. In case of unforeseen events, which require immediate action, the Division of EMS is authorized to issue provider/EMT - wide exceptions until the next review cycle (Oct-Dec).

The following will be procedure to add to, detract from, or amend the policies pertaining to the training and certification of EMTs.

- Items to be considered must pertain to policy only. If the item pertains to the regulation and/or law, separate more lengthy procedures exist.
- Changes to the policy manual will be considered for review and vote by the SC Training Committee at any time but may only be presented to the Advisory Council during the last three months (Oct-Dec), and brought up for vote during the first three months (Jan-Mar) of each calendar year. No item will be considered for vote outside this time frame unless approved by the DPH Director of EMS.
- Items which pass the SC advisory council will be considered by SC DPH EMS staff for the next thirty days. The staff must either accept, reject, or send an amended proposal back to the council. If the item is accepted, the revision will become effective immediately upon posting the revised document to the DPH website unless otherwise stated in writing. If staff returns an amended proposal to the council, the council may either accept the amended proposal or send the item back to the training committee for further consideration and review. Only those amended items which have been resolved and approved by the Advisory Council will become effective.
- Amended items not resolved will remain in the committee level and be carried over.

SC Department of Health EMS Section

Enclosure 01:

EMT Training Institution Application/Re-application Application to become a SC Approved EMT Training Center

All training centers wanting to offer the Emergency Medical Technician training program must make an application to and be approved by the Department of Public Health EMS Section.

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-lit 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 orientation to the Emergency Medical Technician program by a member of the Department of Public Health EMS Section 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 including all policies and procedures for the courses).

If 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

Please attach with this application a justification as to the need for your training center to offer the EMT program.

Email all required documents to EMSCERTIFICATIONS@dph.sc.gov

SC Department of Health EMS Section
Application for Re-Authorization of EMT Training Centers
Enclosure 1a

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.

Email all required documents to EMSCERTIFICATIONS@dph.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 state data base*

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

South Carolina Department of Public Health EMS Section

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 with all required documentation.

Applications are due thirty days prior to expiration of each authorization period.

Email Application and Documents to EMSCERTIFICATIONS@dph.sc.gov

☐ Initial Authorization

☐ Re-Authorization (No Lapse in Authorization)

Name of Agency/ Institution

Date

Street & Mailing Address

City, State, Zip Code

Name of Program Coordinator

Phone Number(s)

Attach to this application the following documents:

- ☐ Signed Copy of Enclosure 6 verifying ownership of all required training equipment
- ☐ Copies of clinical contracts with local hospital(s) & EMS service(s)
- ☐ Copy of Malpractice Insurance coverage for the program
- ☐ Mechanism (plan) for providing Malpractice insurance for each student
- ☐ Copy of the *Standing Operations Procedure* Manual & Student Course Policy Manual
- ☐ Name, Address, and Phone number of Medical Control Physician

Requirement for re-authorization:

Completion of at least one (1) EMT-Paramedic Course during the four-year autoionization period. List course numbers for all EMT-Paramedic Courses

Completed during the last authorization period:

I verify that my agency/ institution must pass an on-site inspection (for initial authorization) and that I must have in place a SC state Credentialed EMT-Paramedic instructor prior to receiving authorization/ re- authorization as an Advanced Training Center.

Signature of Program Coordinator

Date

South Carolina Department of Health EMS Section

Enclosure 02A Level III Instructor

Emergency Medical Technician (EMT) -New Instructor Application

Section One: Personal Contact information

SC Number: _____ Date: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ E-Mail Address: _____

Section Two: Requirements & Credentials

All candidates must meet all the following requirements:

- ☐ Possess either a High School Diploma or GED
- ☐ Possess a current certification as a SC EMT, AEMT, Paramedic (*Attach a copy of your SC EMT, AEMT, Paramedic Certification card*)
- ☐ Possess a current certification as a National Registered EMT, AEMT, Paramedic (*Attach a copy of your NREMT credential*)
- ☐ Have a minimum of three (3) years experience as an EMT, AEMT, Paramedic (*Attach a copy of your work resume*)
- ☐ Possess a current instructor credential in one of the following: (*Attach a copy of your CPR instructor credential*)
 - AHA: Healthcare Provider
 - ARC: CPR Professional Rescuer
 - ASHI: CPR PRO
- ☐ Successful completion of a forty (40) hour Instructor Methodology course as follows: (*Attach a copy of your instructor education credential*)
 - National Association of EMS Educators (NAEMSE)
 - International Fire Service Accreditation Congress (IFSAC)
 - ProBoard or Department of Defense (DOD) Fire Instructor
 - South Carolina Criminal Justice Academy Instructor
 - Post Secondary Teaching Certification or Education Training
- ☐ Completion of SC EMT Program Orientation given by SC DPH EMS staff (*submit certificate of attendance*)

Section Three: Candidate Verification and Signature

READ CAREFULLY BEFORE SIGNING

I verify that I have satisfied all requirements as listed in Section Two of Enclosure 2 and have attached all required documentation to this application. I understand that I will not be considered for instructor authorization if my application is incomplete or if I have failed to meet all requirements. I understand that I must be affiliated with a SC Approved EMT Training Institution to become a credentialed SC EMT instructor and that I will be considered an employee of that training institution.

I understand that I am required to complete an EMT Program Orientation given by DPH staff before I will be considered for EMT-Basic instructor authorization/certification by DPH EMS Section. Attendance of the EMT Program Orientation shall be within one year from submission of the instructor application to DPH EMS Section.

Candidate's Signature: _____

Important Note: Give this completed application, plus a copy of all required documentation as mentioned in Section Two, to the EMT Program Coordinator of the SC Approved EMT Training Institution where you wish to teach.

Section Four: EMT Program Coordinator Endorsement

I endorse this candidate as an EMT-Basic Instructor. Once this candidate receives instructor certification. I will use this candidate as an EMT instructor in my program.

I understand that failure to utilize this instructor in my program may jeopardize his/her ability to recertify their instructor authorization

EMT Program Coordinator's Signature: _____

Email application and all required documents to EMSCERTIFICATIONS@dph.sc.gov

South Carolina Department of Public Health EMS Section

Enclosure 02B Level V Instructor

Advanced/Paramedic EMT Instructor Application

AEMT Instructor Application
Paramedic Instructor Application

(Complete Sections I -III plus VI - VII)
(Complete Sections I - VII)

Section One: Personal Contact information

SC Number: _____ Date: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ E-Mail Address: _____

Do you have a high school diploma or G.E.D.? ☐ YES ☐ NO

Lead: Do you have Three (3) years' experience as a Paramedic? YES ☐ NO ☐

Module: Do you have two (2) years' experience as a Paramedic? YES ☐ NO ☐

All approved candidates shall complete EMT Program Orientation given by DPH EMS Section staff before consideration for Advanced/Paramedic instructor certification by SCDPH EMS. Attendance of the EMT Program Orientation shall be within one year from submission of Instructor application to SCDPH EMS Section (submit certificate of attendance).

SECTION II: <i>Credentials</i>	
LEAD INSTRUCTOR <i>Authorized by DPH – EMS Section</i>	MODULE INSTRUCTOR <i>Authorized by the Training Institution</i>
1) SC NREMT-Paramedic	1a) RN & MD does not have to meet any other requirement.
S.C. NREMT-Paramedic Certification Number and Expiration Date (Copy of state & NR cert. card)	RN or MD Current SC License (Enclose copy of license) *****OR***** 1b) SC NREMT-Paramedic

	S.C. NREMT-Paramedic Certification Number and Expiration Date (Copy of state & NR cert. card)
2) Enclose copy of current CPR (BLS) Instructor card or certificate 3) Enclose copy of NHTSA Instructor Methodology course certificate or equivalent 4) Documentation of approved Anatomy & Physiology course or equivalent 5) Documentation of approved RSI & 12-Lead ECG course	

SECTION III <i>Required for all LEAD-&- Trauma & Assessment Based Management Module instructors</i> TRAUMA COURSE INSTRUCTOR (BTLS, CTC, PHTLS/ITLS) Enclose copy of current trauma course instructor card or certificate <i>(Minimum participation in at least two (2) courses)</i>		
TYPE COURSE	DATE	SPONSOR
<i>Participation in a minimum of two (2) lecture areas and two (2) skill areas</i>		
LECTURE AREAS	SKILL AREAS	
Enclose course outlines to verify above experience		

SECTION V: (Paramedic Instructor only)***Required/or All LEAD-&Special Considerations Module Instructors*****PEDIATRIC COURSE INSTRUCTOR (PALS, PEPP, PEMSTP)****Enclose copy of current pediatric course instructor card or certificate***(Minimum participation in at least two courses)*

TYPE COURSE	DATE	SPONSOR

Participation in a minimum of two (2) lecture areas and two (2) skill areas

LECTURE AREAS	SKILL AREAS

Enclose course outlines to verify above experience

SECTION VI: ENDORSEMENTS

EXECUTIVE DIRECTOR OF ADVANCED TRAINING INSTITUTION
MEDICAL CONTROL DIRECTOR FOR CANDIDATE'S EMS PROVIDER

I endorse _____ for a position as: [] AEMT Instructor [] EMT-Paramedic Instructor
When this candidate is authorized as an instructor, I will use this instructor in my EMT training program(s). I submit this endorsement without reservation.

Signature: Executive Director Advanced Training Institution Date

Signature: Medical Control Director- Candidate's EMS Provider Date

SECTION VII: VERIFICATION OF APPLICATION

I verify that all information on this application is true to the best of my knowledge. I understand that I must be affiliated with a SC Approved EMT Training institution in order to become a certified SC AEMT and/or Paramedic Instructor and that I will be considered an employee of that training institution. I understand that any omissions and/or false or misleading information and/or documentation may be grounds to deny or revoke my instructor authorization and may lead to other disciplinary action as specified in EMS regulation 61-7 and the Advanced Policy Manual

Signature: *Instructor Candidate*

Date:

South Carolina Department of Public Health EMS Section

Enclosure 03A

Emergency Medical Technician (EMT)- Instructor Re-Authorization Application

Section One: Personal Contact Information

SC Number: _____

Name: _____ Date: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-Mail Address: _____

Section Two: Attached is a copy of all the following required documents:

- ▶ A copy of my current CPR instructor credential *(Must be one of the following)*:
 - AHA: Healthcare Provider
 - ARC: Professional Rescuer
 - ASHI: CPR Pro
- ▶ A copy of my current SC EMT Paramedic Certification
- ▶ A copy of my current NR EMT Paramedic Credential
- ▶ Documentation of 12 contact hours of SC DPH approved Instructor Methodology classes during your last authorization period
- ▶ Documentation of teaching a minimum of one hundred (100) hours of an EMT course. *(Attach a copy (copies) of the course approval letter(s) which list you as the course instructor) during your current authorization period.*

Please Note: "Current" means that the expiration of these credentials ***exceeds*** your current SC EMT instructor expiration date.

Section Two: EMT Program Coordinator Endorsement

I endorse this individual to be re-certified as an EMT Instructor. In doing so, I agree to use this individual as an EMT Instructor in my training institution's EMT program and will require this individual to teach a minimum of one full initial EMT course of a minimum of two EMT refresher course during this next authorization period.

EMT Program Coordinator's Signature: _____

Email application and all required documents to emscertifications@dph.sc.gov

South Carolina Department of Public Health EMS Section
Enclosure 03B
Advanced / Paramedic - Instructor Re-Authorization Application

SC Number: _____

Name: _____ Date: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

- ☐ **ADVANCED EMT INSTRUCTOR RE-AUTHORIZATION**
- ☐ **PARAMEDIC INSTRUCTOR RE-AUTHORIZATION**

NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING DOCUMENTATION:

- ☐ Copy of current SC & NR Paramedic cards
- ☐ Copy of current approved CPR (BLS) Instructor Card
- ☐ Copy of current approved Trauma Instructor Card
- ☐ Copy of current ACLS Instructor Card
- ☐ Copy of current approved Pediatric Instructor Card
- ☐ Documentation of 12 hours of approved educational CEUs)

READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

I understand that my instructor authorization(s) will not be considered without submission of the above credentials. I also understand that I will not be re-authorized unless I gain the required endorsements listed on the reverse side of this form.

INSTRUCTOR SIGNATURE

DATE

Attach all documentation to this form and complete all information and obtain all required endorsements on the reverse side. Mail completed packet to: SC DPH EMS SECTION, 2100 Bull Street, Columbia, SC 29201 – or – email application and all required endorsements to emscertifications@dph.sc.gov

********DPH Use Only********

[] Does not qualify for re-authorization because: _____

INSTRUCTOR NAME (Print)

List below any EMT courses (Advanced /Paramedic) you have taught during the last certification period.

_____ [☐] Initial [☐] Refresher
Course # Course Sponsor

_____ [☐] Initial [☐] Refresher
Course # Course Sponsor

_____ [☐] Initial [☐] Refresher
Course # Course Sponsor

TRAINING CENTER ENDORSEMENT

I agree endorse this person for: [☐] **Advanced EMT Instructor Re-authorization**
[☐] **Paramedic Instructor Re-authorization**

1): *I will continue to use this instructor in my Advanced/Paramedic training program(s).*

Name (**Print**): EMT Program Director

Signature: EMT Program Director

Date

2): *I endorse this candidate for re-authorization as an Instructor.*

Name (**Print**): **Medical Control Physician**

Signature: **Medical Control Physician**

Date

South Carolina Department of Public Health EMS Section

Enclosure 04A: EMT COURSE STATEMENT OF UNDERSTANDING

COURSE #: _____ INSTRUCTOR: _____ INSTITUTION: _____

ALL CANDIDATES:

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.

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 cognitive examination prior to beginning the background check process. I understand that background checks completed prior to successful completion of the NREMT cognitive examination will not be accepted.

INITIAL EMT CANDIDATES:

1. I must be at least eighteen (18) years of age **before** I may be credentialed by DPH.
2. I understand that I must obtain or possess a high school diploma of GED prior to being credentialed by DPH.

REFRESHER EMT CANDIDATES:

I understand that I may **not** enroll in an EMT refresher course unless I am or have previously been certified as an EMT in any U.S. State or territory or by National Registry - **or-** I am an initial EMT student who has failed the NR EMT CRT exam three (3) times - **or-** I have written permission from SC DPH. It is the candidate's responsibility to contact NREMT for certification eligibility.

	CANDIDATE'S NAME LAST/FIRST	IDENTIFICATION S.S.N. SC EMT#		REFRESHERS SC EMT EXP. DATE	CANDIDATE'S SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
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8.					
9.					
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11.					
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21.					
22.					
23.					
24.					

South Carolina Department of Public Health EMS Section
Enclosure 04B: AEMT 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 cognitive examination prior to beginning the background check process. I understand that background checks completed prior to successful completion of the NREMT cognitive examination will not be accepted.

INITIAL AEMT 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 DPH 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 AEMT CANDIDATES:

I understand that I may **not** enroll in an AEMT refresher course unless I am or have previously been certified as an AEMT in any U.S. State or territory or by National Registry - **or** - I am an initial AEMT student who has failed the NREMT cognitive exam three (3) times or - I have written permission for SC DPH.

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
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regard 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 DPH at any time.

South Carolina Department of Public Health EMS Section
Enclosure 04C: *PARAMEDIC COURSE STATEMENT OF UNDERSTANDING*

COURSE #: _____ INSTRUCTOR: _____ INSTITUTION: _____

ALL CANDIDATES:

3. 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.
4. 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 cognitive examination prior to beginning the background check process. I understand that background checks completed prior to successful completion of the NREMT cognitive 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 DPH 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 NREMT cognitive exam three (3) times- or- I have written permission from SC DPH.

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
1.					
2.					
3.					
4.					
5.					
6.					
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23.					
24.					

I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions regarding 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 DPH at any time.

South Carolina Department of Public Health EMS Section

Enclosure 05: EMT Course Evaluation

Lead Instructor (Name)_____

Course#_____

Part A Course Evaluation:

Please answer the following by placing a ✓ in the appropriate box. If you answer "No" to any question, please write an explanation in the space provided:

	Yes	No
Did class start on time	<input type="checkbox"/>	<input type="checkbox"/>
Did class end on time	<input type="checkbox"/>	<input type="checkbox"/>
Were there ample amounts of various equipment for all practical sessions	<input type="checkbox"/>	<input type="checkbox"/>
Was the classroom clean with adequate learning space	<input type="checkbox"/>	<input type="checkbox"/>
Was the training equipment working properly	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the course prepared you to provide emergency care	<input type="checkbox"/>	<input type="checkbox"/>

Please provide your overall opinion of the course:

In what ways can this course be improved:

Additional comments concerning the course:

Part B Instructor Evaluation:

Please fill out one evaluation per instructor. If additional evaluations are needed, please reprint page 2 of this form until enough evaluations are provided.

Instructor Name:

Please mark 1-POOR, 2-FAIR, 3-AVERAGE, 4-GOOD, 5-EXCELLENT

1. Promote learning
2. Knowledge of subject matter
3. Creates atmosphere receptive to questions
4. Presents material in manner easy to understand

other comments:

Instructor Name:

Please mark 1-POOR, 2-FAIR, 3-AVERAGE, 4-GOOD, 5-EXCELLENT

5. Promote learning
6. Knowledge of subject matter
7. Creates atmosphere receptive to questions
8. Presents material in manner easy to understand

other comments:

Instructor Name:

Please mark 1-POOR, 2-FAIR, 3-AVERAGE, 4-GOOD, 5-EXCELLENT

9. Promote learning
10. Knowledge of subject matter
11. Creates atmosphere receptive to questions
12. Presents material in manner easy to understand

Other comments:

South Carolina Department of Public Health EMS Section

Enclosure 6: EMT I CEP Course - Minimum Required Equipment

Note: The following is a list of equipment for an EMT class size of twelve (12) or less students and is considered as one (1) set of equipment.

Class sizes above twelve (12) students must have more than one (1) set of equipment. Example: Class size 13-24 = two (2) sets of equipment.

Class size 25-36 = three (3) sets of equipment, etc.

Only one (1) set of equipment is required/or a CE program regardless of class size.

on Hand	Required	Item
CPR MANIKINS, AIRWAYS & AIRWAY TRAINERS		
	1	CPR Manikin - Adult (<i>With feedback capabilities</i>)
	1	CPR Manikins - Adult
	2	CPR Manikins - Infant
	2	Airway Trainer -Adult
	2	Airway Trainer- Infant
	1	Blind Insertion Airway Device - Set of assorted sizes
OXYGEN EQUIPMENT/ ADJUNCTS		
	1	Portable Oxygen Tank
	1	Oxygen Tank Regulator
	1	Oxygen Tank Wrench
	1	Nasal Cannula - Adult
	1	Non-Rebreather Face Mask - Adult
	1	Non-Rebreather Face Mask - Child
	2	Bag-Valve-Mask unit with Reservoir - Adult
	2	Bag-Valve-Mask unit with Reservoir- Infant
	1	Battery Powered Portable Suction Unit with Charger
	1	Suction Catheters - Set of assorted sizes
	1	OPA (Oral Airways) - Set of assorted sizes
	1	NPA (Nasal Airways) - Set of assorted sizes
SPLINT MATERIALS		
	1	Traction Splint
	2	36" Padded Board Splints or Equivalent
	2	15" Padded Board Splints or Equivalent
	1	Long Spine Board with 3 straps, (9-foot) and/or set of spider straps

Number on Hand	Minimum Number Required	Item
	1	Head Immobilization Device for Long Spine Board
	1	Vest-Type (Half) Spine Immobilization Device
	2	Cervical Spine Immobilization Collars (Rigid Type)
	2	Blankets <i>(Wash after each course)</i>
	1	Pillow
	12	Triangular Bandages <i>(Wash after each course)</i>
BANDAGE MATERIALS		
<i>These are disposable supplies and should be replaced with each course</i>		
	1	Aluminum Foil/Vaseline Gauze/Chest Seals
	12	Roller - Type Gauze
	24	4 x 4 Dressings
	12	5 x 9 or larger ABD (Abdominal) Pads
MISC. EQUIPMENT		
	1	A.E.D. Trainer <i>(Automatic External Defibrillator)</i>
	1	Elevating Stretcher <i>(Not required for CEP courses that consist of only non-transporting service.)</i>
	1	Childbirth Kit
	1	Blood Pressure Cuff
	1	Teaching Stethoscope
	2	Regular Stethoscopes
	1	Torso Model -or- Set of Anatomy Charts
	2	Epi-Pen Trainer
	2	Prescribed Inhaler Trainer
	1	Set - Blood Glucose Monitoring Equipment
	1	Commercial Tourniquet
ADDITIONAL EQUIPMENT FOR AEMT & PARAMEDIC PROGRAMS		
	1	Set of Endotracheal Intubation equipment (Paramedic Only) <i>(Tubes, Laryngoscope handles, blades and pediatric & adult -Macintosh {curved} & Miller {straight} blades</i>
	1	EKG Monitor/Defibrillator with pacer, 12-lead capabilities (Paramedic Only)
	1	Rhythm Generator (Paramedic Only)
	1	Pleural Decompression Manikin (Paramedic Only)
	2 ea	Sub-Q & IM Needles

Number on Hand	Minimum Number Required	Item
	1 ea	Assorted Syringes (1,3,5,10,20, 50cc)
	1 ea	Assorted 'state-approved' medications (<i>may be "fake" or expired</i>)
	2	Butterfly/ Scalp Vein needles
	1	Set of Equipment for drawing blood
	1	IV/IO Arm
	2	IO Needles or equivalent IO device(s)
	2 ea	Assorted bags of IV fluid (<i>may be expired</i>)
	2 ea	Assorted IV drip sets (Micro/Macro)
	2 ea	Assorted IV Needles (14,16, 18, 20 ga)
	6 ea	Alcohol/Iodine Preps

Training Institution: _____

I verify that all the above equipment is present, clean and in working order.

Instructor/Training Officer Signature/ Date: _____

Program Director Signature/ Date: _____

South Carolina Department of Public Health EMS Section

Enclosure 07 EMT Skills Competency Form

Candidate's Name (please print): _____ SC # _____

Section One: Cardio-Respiratory

Skills

Date Mastered Instructor Initials

(Per Current AHA Guideline)

Rescue Breathing: (Adult/ Child/ Infant)	_____	_____
Foreign Body Airway Obstruction (Infant)	_____	_____
Foreign Body Airway Obstruction (Adult/ Child)	_____	_____
CPR - Infant (One and Two Rescuer)	_____	_____
CPR-Adult/ Child (One and Two Rescuer)	_____	_____
Automated External Defibrillator	_____	_____

Section Two: EMT Skills

Patient Assessment - Trauma	_____	_____
Patient Assessment - Medical	_____	_____
Oropharyngeal Airway	_____	_____
Nasopharyngeal Airway	_____	_____
Oxygen Administration by NRB	_____	_____
Bag-Valve-Mask Ventilation	_____	_____
Cardiac Arrest, CPR and AED	_____	_____
Traction Splint	_____	_____
Bleeding Control-Shock Management	_____	_____
Joint Immobilization	_____	_____
Long Bone Immobilization (Radius/Ulna)	_____	_____
Spinal Motion Restriction - Seated	_____	_____
Spinal Motion Restriction - Supine	_____	_____

South Carolina Specific EMT Skills

Supraglottic Airway Device (LMA/King Airway)	_____	_____
Resiliency Training	_____	_____
Anaphylaxis Auto-Injector Alternatives	_____	_____
Nebulized Medications	_____	_____

Section Three: Candidates Verification of Competency in All Skills

Candidate: I verify that I have been taught, tested and found competent in all skills listed on this Enclosure 7.

Candidate's Signature and Date: _____

Instructor: I have verified that I have taught, tested and found competent this student in all skills listed on this Enclosure 7.

Instructor's Signature and Date: _____

NOTE: for remediation of skills this original form must be sent to DPH EMS Section along with a letter (on letterhead) from the training institution's Program Coordinator attesting to the remediation.

South Carolina Department of Health EMS Section

Enclosure 08

Out of State EMT Course Clinical Requirements with South Carolina

Out of State EMS programs often request for their personnel to perform ride along/ clinical hours within the State of South Carolina. Out of State EMT Programs shall submit an official letter of request to the Department prior to conducting clinical rotations in South Carolina. Out of State EMT Programs may only conduct clinical rotations in South Carolina after the following criteria are met. The Department will issue a Letter of Out of State Clinical Compliance to approve Out of State EMT Programs for specific clinical rotation periods. Only approved programs may conduct clinical rotations in South Carolina.

Must have on file MOA or MOU between teaching institution and agency providing clinical.

The Out of State EMT Program must have a SC licensed Medical Director providing oversight to students performing clinical rotations in South Carolina. Submit a signed letter from SC licensed program Medical Director acknowledging oversight of students.

Copies of Certificate of Insurance for each student or a signed statement from Program Coordinator stating copies are on file.

Signed statement from Program Coordinator that all students have current Healthcare Provider CPR (or equivalent) and current National Registry credentials at the EMT or AEMT levels, or SC EMT or AEMT provisional certification as applicable. Candidates must maintain their NR or SC provisional credential for the duration of their clinical rotation period in South Carolina.

Approximate period, length of time, area the clinical will occur. Examples being "Summer 2023": May-July - Horry County Fire Rescue". The Department must be notified of each subsequent period of clinical time requested or any extensions of more than 30 days to an approved clinical rotation.

Once these requirements have been verified as complete by the Training and Certification Manager, a Letter of Out of State Clinical Compliance will be issued to the Out of State EMT Program Coordinator.

Send official letter of request and all required documents to: SC DPH EMS Section, Attention: Training & Certification, 2100 Bull Street, Columbia, SC 29201 - or - email to emscertifications@dph.sc.gov. (Email is preferred)