

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.

Course # Course Sponsor ☐ Initial ☐ Refresher

Course # Course Sponsor ☐ Initial ☐ Refresher

Course # Course Sponsor ☐ Initial ☐ Refresher

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