

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) <div style="text-align: center;">*****OR*****</div> 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 IV: (Paramedic Instructor only)

Required/or All LEAD-&-Special Considerations Module Instructors

Advanced Cardiac Life Support (ACLS) Instructor

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 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 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: