

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