

South Carolina Department of Public Health EMS Section

Enclosure 04A: EMT COURSE STATEMENT OF UNDERSTANDING

COURSE #: _____ INSTRUCTOR: _____ INSTITUTION: _____

ALL CANDIDATES:

I understand that my program has an attendance policy, and I must meet those standards to complete the course. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **additional time**. 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 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 makeup 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 or 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
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