

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, P.O. Box 2046 West Columbia, SC 29171 - or - email to emscertifications@dph.sc.gov. (Email is preferred)