

South Carolina Department of Public Health EMS Section

Enclosure 03A

Emergency Medical Technician (EMT)- Instructor Re-Authorization Application

Section One: Personal Contact Information

SC Number: _____

Name: _____ Date: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-Mail Address: _____

Section Two: Attached is a copy of all the following required documents:

- ▶ A copy of my current CPR instructor credential *(Must be one of the following)*:
 - AHA: Healthcare Provider
 - ARC: Professional Rescuer
 - ASHI: CPR Pro
- ▶ A copy of my current SC EMT Paramedic Certification
- ▶ A copy of my current NR EMT Paramedic Credential
- ▶ Documentation of 12 contact hours of SC DPH approved Instructor Methodology classes during your last authorization period
- ▶ Documentation of teaching a minimum of one hundred (100) hours of an EMT course. *(Attach a copy (copies) of the course approval letter(s) which list you as the course instructor) during your current authorization period.*

Please Note: "Current" means that the expiration of these credentials **exceeds** your current SC EMT instructor expiration date.

Section Two: EMT Program Coordinator Endorsement

I endorse this individual to be re-certified as an EMT Instructor. In doing so, I agree to use this individual as an EMT Instructor in my training institution's EMT program and will require this individual to teach a minimum of one full initial EMT course of a minimum of two EMT refresher course during this next authorization period.

EMT Program Coordinator's Signature: _____

Email application and all required documents to emscertifications@dph.sc.gov