

South Carolina Department of Public Health EMS Section
Enclosure 04C: *PARAMEDIC COURSE STATEMENT OF UNDERSTANDING*

COURSE #: _____ INSTRUCTOR: _____ INSTITUTION: _____

ALL CANDIDATES:

1. 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.
2. 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 PARAMEDIC CANDIDATES:

1. I VERIFY THAT I AM a currently certified SC EMT or National Registry EMT or SC AEMT or National Registry AEMT - **OR**• I have **written** permission from DPH to be in this course.
2. I UNDERSTAND THAT I WILL BE REMOVED FROM THE COURSE IF MY CURRENT CERTIFICATION EXPIRES PRIOR TO THE LAST CLASS DAY.

REFRESHER PARAMEDIC CANDIDATES:

I understand that I may **not** enroll in a Paramedic refresher course unless I am or have previously been certified as a Paramedic in any U.S. State or territory or by National Registry - **or** - I am an initial Paramedic student who has failed the NREMT cognitive exam three (3) times- or- I have written permission from SC DPH.

It is the candidate's responsibility to contact NREMT for certification eligibility.

IMPORTANT: PLEASE "PRINT" CLEARLY

	CANDIDATE'S NAME LAST/FIRST	IDENTIFICATION S.S.N. SC EMT#		REFRESHERS SC EMT EXP. DATE	CANDIDATE'S SIGNATURE
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I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions regarding course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. All policies will be enforced.

INSTRUCTOR SIGNATURE/ DATE: _____

This form is to be completed at the **first** class meeting and may be requested by SC DPH at any time.