



Out-Of-State Reciprocity Verification Form
South Carolina Department of Public Health
Bureau of EMS

NOTE: This form is **NOT** needed if applicant is applying for SC recertification with a valid National Registry credential.

Section I: TO BE COMPLETED BY THE APPLICANT

It is the **applicant's responsibility** to complete the TOP portion of this form and mail to the State you received your current licensure/certification. Reproduce this form if licensure/certification is held in more than one state. **Do not send this form to SC DPH Bureau of EMS for completion of Section II.**

Name: _____ SSN: _____

Mailing Address: _____

City / State / Zip Code _____

Phone Number(s) _____

Certification Number _____ Level of Certification _____

Section II: TO BE COMPLETED BY LICENSING/CERTIFYING AGENCY

The applicant named above has applied for certification in South Carolina and has indicated licensure/certification in your state. Please complete Section II of this form and mail to SC DPH Bureau of EMS, PO Box 2046, West Columbia, SC 29171 - or - email to emscertifications@dph.sc.gov.

- 1) Indicate current certification level of candidate: _____
- 2) Candidate's certificate expiration date: _____
- 3) Has this candidate ever had his/her certification revoked or suspended? _____
(If **Yes**, attach details.)
- 4) Is the candidate's license encumbered in any way via Consent or Administrative orders or; do they have any pending action against their credential in your state? _____
(If **Yes**, attach details).
- 5) Has this candidate ever been convicted of a felony? [] Yes, [] No, [] Unknown
(If **Yes**, attach details.)
- 6) Was this candidate's certification issued based on reciprocity from another state? _____
If **Yes**, Which state: _____ When: _____
- 7) Any reason why this candidate should Not be granted reciprocity? _____
(If **Yes**, attach details.)

Name (Print) of State Official Completing Form Title Your State

Signature of State Official Completing Form Telephone Number

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Instructions for Completing 2352-ENG-DPH

PURPOSE: This form allows out-of-state certified EMTs to apply for South Carolina reciprocity.

AUDIENCE: Out-of-state EMTs applying for South Carolina reciprocity.

INSTRUCTIONS: Applicants fill in blanks in Section I as indicated, then the form is sent to the out-of-state licensing/certifying agency to complete and return to SC DPH EMS.

OFFICE MECHANICS & FILING: Once received the completed form is scanned and placed in the EMT's electronic file in the state EMS database. It remains permanently attached to the record of the referenced EMT. This form is maintained by retention schedule 10010, Licensed Provider Files.