SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

SC DPH EMS Section
State CEP Recertification Form for Paramedic (2025 NCCR)

SC State Certification Number		SSN (Last 4 #s)	SC State Expiration Date
SC			

Last Name	First Name

E-Mail Address	Date of Birth (mm/dd/yyyy)

Mailing Address

City, State, Zip Code

Home Phone Number (including Area Code)	Cell Phone Number (including Area Code)

Continuing Education Program (CEP)

Section 1A & 1B: 2016 National Continued Competency Requirement

30 hours of National Continued Competency Requirement Must Be Completed Every Two Years

Paramedic						
(1A) First Two-Year Period				(1B) Second Two-Year Period		
Date	Method	Hours	**Topics**	Hours	Method	Date
		6	Airway, Respiration, & Ventilation	6		
		7	Cardiovascular	7		
		5	Trauma	5		
		8	Medical	8		
		4	Operations	4		
		30	Total	30		

- **Section 1A & 1B: A maximum of 10 hours can be applied from Distributive Education toward the National Continued Competency Requirements and must be CECBEMS or DPH approved.**

Section 2A & 2B: Local Continued Competency Requirement
15 hours of Local Continued Competency Requirement Must Be Completed Every Two Years

Date	Topic of Training (2A) First Two-Year Period	Method	Hours

Date	Topic of Training (2B) Second Two-Year Period	Method	Hours

- **Section 2A & 2B: A maximum of 10 hours can be applied from Distributive Education toward the Local Continued Competency Requirements and must be CECBEMS or DPH approved.**

Section 3A & 3B: Individual Continued Competency Requirement
15 hours of Individual Continued Competency Requirement Must Be Completed Every Two Years

Date	Topic of Training (3A) First Two-Year Period	Hours

Date	Topic of Training (3B) Second Two-Year Period	Hours

- **Section 3A & 3B: A maximum of 15 hours can be applied from Distributive Education toward the Individual Continued Competency Requirements and must be CECBEMS or DPH approved.**

Section 4A & 4B: Verification of Skill Competence
Skill Competency Requirement Must Be Completed Every Two Years

Paramedic				
(4A) First Two-Year Period			(4B) Second Two-Year Period	
Date	Method	Skill	Date	Method
		Patient Assessment/Management *Medical & Trauma*		
		Ventilatory Management Skills/Knowledge *Simple Adjuncts* *Supplemental Oxygen Delivery* *Supraglottic Airways* *Endotracheal Intubation* *Chest Decompression* *Transtracheal Jet Ventilation/Cricothyrotomy*		
		Cardiac Arrest Management *Megacode & ECG Recognition* *Therapeutic Modalities* *Monitor/Defibrillator Knowledge* *(Setup, Routine Maintenance, Pacing)*		
		Hemorrhage Control & Splinting Procedures		
		IV Therapy & IO Therapy *Medication Administration*		
		Spinal Immobilization *Seated & Supine Patients*		
		OB/Gynecologic Skills/Knowledge		
		Other Related Skills/Knowledge *Radio Communications* *Report Writing & Documentation*		

As the Medical Control Physician for this EMTP, I do hereby affix my signature attesting to continued competence in all the skills outlined above.

Signature of Medical Control Physician ***(Must be original signature)*** *Date Signed*

Section 5: Other Required Credentials

BLS (CPR) Credential

Attach a copy (front and back) of a valid / current BLS Credential Expiration date must be GREATER than your SC state EMT expiration date.

BLS card MUST be one of the following:

AHA: BLS for the Healthcare Professional
ARC: CPR for the Professional Rescuer
ASHI: CPR Pro

SC State Criminal Background Check

You may call IBT at
866-254-2366
to make an appointment

SC DPH EMS Agency Code: 2BF5BG

ACLS Credential

Attach a copy (front and back) of a valid/current ACLS Credential Expiration date must be GREATER than your SC state EMT expiration date.

ACLS card MUST be one of the following:

AHA: ACLS
ASHI: ACLS
ARC: ACLS

I hereby affirm that all statements on the SC EMT Recertification form are true and correct, ***including the copies of cards, certificates, and other required verification.*** *It is understood that false statements or documents may be sufficient cause for revocation of my EMT credential by the SC DPH EMS Section. It is also understood that the SC DPH EMS Section may conduct a full audit of all recertification activities listed on this form at any time.*

_____

Signature of CEP Training Officer or EMS Service Director *Date Signed*

_____

Signature of EMT Recertification candidate *Date Signed*

State CEP Recertification Form for Paramedic

Instructions for Completing 2353A-ENG-DPH

PURPOSE

To allow state only certified EMTs to apply for recertification when they do not have a National Registry certification.

AUDICENCE

CEP Training Officer or EMS Director.

INSTRUCTIONS

Please fill in blanks in each section as indicated and attach a current BLS and ACLS credential to the form. Return to DPH EMS.

OFFICE MECHANICS & FILING

Once received the completed form is scanned and placed in the EMTs electronic file in the state EMS database. It remains permanently attached to the record of the referenced EMT. This form is maintained by 10010, Licensed Provider Files. Once the form is no longer needed for reference and quality review has been completed, an ARM-11 destruction request should be submitted and approved prior to disposal of the original form.