SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

# SC DPH Bureau of EMS
## *State CEP Re-Certification Form for Emergency Medical Technician (2025 NCCR)*

| SC State Certification Number | |
|---|---|
| SC | |

| SSN (Last 4 #s) |
|---|
| |

| SC State Expiration Date |
|---|
| |

| 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: 2012 National Continued Competency Requirement**

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

| **Emergency Medical Technician** | | | | | | |
|---|---|---|---|---|---|---|
| (1A) First Two Year Period | | | | (1B) Second Two Year Period | | |
| Date | Method | Hours | **Topics** | Hours | Date | Method |
| | | 4 | Airway, Respiration, & Ventilation | 4 | | |
| | | 5 | Cardiovascular | 6 | | |
| | | 3 | Trauma | 2 | | |
| | | 6 | Medical | 6 | | |
| | | 2 | Operations | 2 | | |
| | | 20 | Total | 20 | | |

- **Section 1A & 1B: A maximum of 7 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

***10 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 7 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

***10 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 10 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**

| Basic Skill Competence | | | | |
|---|---|---|---|---|
| (4A) First Two Year Period | | | (3B) Second Two Year Period | |
| Date | Method | Skill | Date | Method |
| | | **Patient Assessment/Management**<br>*Medical & Trauma* | | |
| | | **Ventilatory Management Skills/Knowledge**<br>*Simple Adjuncts*<br>*Supplemental Oxygen Delivery*<br>*Bag Valve Mask (One & Two Rescuers)* | | |
| | | **Cardiac Arrest Management**<br>*Automatic External Defibrillator (AED)* | | |
| | | **Hemorrhage Control & Splinting Procedures** | | |
| | | **Spinal Immobilization**<br>*Seated & Supine Patients* | | |
| | | **OB/Gynecologic Skills/Knowledge** | | |
| | | **Other Related Skills/Knowledge**<br>*Radio Communications*<br>*Report Writing & Documentation* | | |

*As the Medical Control Physician for this EMT, I do hereby affix my signature attesting to continued competence in all skills out-lined 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

*I hereby affirm that all statements on the SC EMT Recertification form are true & 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 SC DPH – Bureau of EMS. It is also understood that SC DPH – Bureau of EMS 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

# SC DPH Bureau of EMS
# State CEP Re-certification Form for
# Emergency Medical Technician (2025 NCCR)
Instructions for Completing 2348-ENG-DPH

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

**Audience**
CEP Training Officer or EMS Director

**Instructions**
Fill blanks in each section as indicated, attach a current BLS credential to the form, and return to 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.