



NOTE: This form is NOT needed if applicant is applying for SC reciprocity 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 \_\_\_\_\_

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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, 2100 Bull Street, Columbia, SC 29201 - 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 \_\_\_\_\_