

## Enclosure 1: EMT Course Application

<i>For DHEC use only</i>	

Training Institution (Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

EMT Program Coordinator (Name – Print): \_\_\_\_\_

EMT Program Coordinator (Phone #): \_\_\_\_\_

<b>Course Type</b> ( <i>Complete Only One Per Application</i> ) Complete ALL Information		
<b>EMT Initial</b> Course <i>(Minimum 143 Hours)</i>	Anticipated # of Students _____	Cost for each Student _____
<b>EMT Refresher</b> Course <i>(Minimum 44 Hours)</i>	Anticipated # of Students _____	Cost for each Student _____

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Instructor (Name): \_\_\_\_\_

Instructor Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Instructor Phone Number: \_\_\_\_\_

Verification Statement: *I will verify that this course will be conducted in compliance with the SC DHEC Division of EMS & Trauma EMT Policy Manual. I understand that non-compliance may jeopardize course approval and may jeopardize program approval.*

\_\_\_\_\_  
 EMT Program Coordinator Signature \_\_\_\_\_  
 Date

***Application must be submitted 14 days prior to first class meeting.***