

**Enclosure 10**  
*EMT Course Completion Verification*

EMT Training Institution: \_\_\_\_\_

SC DHEC Course Approval Number: \_\_\_\_\_

SC Certified Instructor Name: \_\_\_\_\_

*This is the lead SC certified instructor responsible for the course and whose signature must be on each Certificate Application (white) card and Skill Verification form*

Number of "White" course cards enclosed: \_\_\_\_\_

*Enclosed are the required documents for this course:*

- ✓ A properly completed & signed *Certificate Application (White) Card* for each candidate who successfully completed the course
- ✓ A properly completed and signed *Skill Verification form (Enclosure 5)* for each candidate (*Forms must be original, not copies, with all dates and signatures – no photocopies – no ditto marks or arrows*)
- ✓ A copy of each candidate's CPR card

No – This course did not use any other SC authorized Instructors

Yes – This course did utilize other SC authorized EMT Instructors

Additional Instructors Utilized: \_\_\_\_\_

**Verification:**

*I verify the above EMT course has been taught in compliance with all course policies and procedures as required by DHEC.*

Signature – EMT Program Coordinator: \_\_\_\_\_