



SC DHEC Bureau of EMS Certification Application Form

Please return completed form and required documents via email to emscertifications@dhec.sc.gov

SSN (Last 4 #s) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Out of State Certification Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	-OR-	National Registry Certification Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Out of State Expiration Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		National Registry Cert. Exp. Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

NOTE: Form D-2352 is required for candidates applying with an Out of State certification.

Level of Certification (Check One)		
<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> PARAMEDIC

Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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CIS Profile Userid	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
SC	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

_____ By initialing here you attest that you have created a SC Credentialing Information System (CIS) profile as outlined in the Reciprocity Guidelines Packet. Your SC certification will be mailed to the address listed on your CIS profile. You may find CIS login instructions on our portal, scemsportal.org, or by going to emspic.org.

Attach the Following Credentials

**Out of State Credential
or
National Registry Credential**

Attach a copy of your current Out of State or NREMT Credential

(Out of State Credential must have at least 1 year remaining)

BLS (CPR) Credential

Attach a copy (front and back) of a valid / current BLS Credential

BLS card MUST be one of the following:

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

Additional Credential for Paramedics

Advanced Cardiac Life Support (ACLS) Credential

Attach a copy (front and back) of your valid current ACLS Credential

ACLS credential MUST be one of the following:

*AHA: ACLS
ASHI: ACLS*

SC State Criminal Background Check

Attach a copy of your Safran Morpho Trust USA fingerprint receipt

You may call go to <https://sc.ibtfingerprint.com/> or call 1-866-254-2366 to schedule an appointment.

SC DHEC EMS ORI #: SC920111Z

I hereby affirm that all statements on this form are true and correct, including the copies of all cards, certifications, and attachments. It is understood that false statements or documents may be sufficient cause for denial/revocation of my EMT credential by SC DHEC. It is also understood that SC DHEC may conduct a full audit of all activities listed on this form at any time.

Your Signature (Must be original signature) & Date Signed