



# SC DHEC Bureau of EMS Certification Application Form

Please return completed form and required documents via email to [emscertifications@dhec.sc.gov](mailto:emscertifications@dhec.sc.gov)

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

SSN (Last 4 #s)	Out of State Certification Number	National Registry Certification Number
Continuum Profile Userid	Out of State Expiration Date	-Or-
SC		National Registry Cert. Exp. Date

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

Last Name	First Name	Middle Initial
Phone Number		

By initialing here \_\_\_\_\_ you attest that you have created a SC Continuum profile as outlined in the Reciprocity Guidelines Packet. Your SC certification will be mailed to the address listed on your Continuum profile. You may find Continuum login instructions on our portal, [scemsportal.org](http://scemsportal.org), or by going to [emspic.org](http://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

**SLED and FBI 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.*

Check here if you followed the out-of-state background instructions.

SC DHEC EMS ORI #: SC920111Z

Applicant privacy rights can be found at [fbi.gov](http://fbi.gov)

*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