



**SC DHEC Bureau of EMS
Re-Certification Form (NR Option)
EMT/AEMT/Paramedic/Special Purpose EMT**

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

SC State Certification Number	
SC	
SC State Expiration Date mm/dd/yyyy	

SSN (Last 4 #s)

National Registry Certification Number	
National Registry Cert. Exp. Date mm/dd/yyyy	

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

Last Name	First Name	Middle Initial

Phone Number (Including Area Code)

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, scemportal.org, or by going to emspic.org.

National Registry Option (Attach the following Credentials)

<p>National Registry Credential Attach a copy of your Current National Registry Credential Current National Registry Credential NR expiration date must be GREATER than your SC state EMT expiration date</p>
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<p>BLS (CPR) Credential Attach a copy (front and back) of a valid / current BLS Credential Expiration date must be GREATER than your SC state EMT expiration date BLS card MUST be one of the following: AHA: BLS for the Healthcare Professional ARC: CPR for the Professional Rescuer ASHI: CPR Pro</p>
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<p>Additional Credential for Paramedics Advanced Cardiac Life Support (ACLS) Credential Attach a copy (front and back) of your valid current ACLS Credential Expiration date must be GREATER than your SC state EMT expiration date ACLS credential MUST be one of the following: AHA: ACLS ASHI: ACLS</p>
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<p>SLED and FBI Criminal Background Check Attach a copy of your IBT fingerprint receipt You may call IBT at 866-254-2366 to make an appointment SC DHEC EMS ORI #: SC920111Z</p>
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Applicant privacy rights can be found at fbi.gov

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

Your Signature (Must be original signature) & Date Signed