



SC DHEC Division of EMS & Trauma
State Re-Certification Form (NR Option) for EMT /I-85/AEMT/Paramedic

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)		
EMT	I-85/AEMT	PARAMEDIC

All Contact information is correct and accurate on my assigned CIS Profile

Last Name

First Name

E-Mail Address

Date of Birth (mm/dd/yyyy)

Mailing Address

City, State, Zip Code

Home Phone Number (Including Area Code)

Cell Phone Number (Including Area Code)

National Registry Option (Attach the following Credentials)

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

BLS (CPR) Credential
 Attach a copy 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

Additional Credential for Paramedics
Advanced Cardiac Life Support (ACLS) Credential
 Attach a copy 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

SC State 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

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