



**SC DHEC Division of EMS & Trauma  
State In-Service Training Re-Certification Form  
for Intermediate 85/AEMT**

SC State Certification Number	
SC	
SC State Expiration Date	

SSN (Last 4 #s)

National Registry Certification Number
National Registry Cert. Exp. Date

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)

**In-Service Training (IST) 2011 Option**

**Section IA & 1B: I-85/AEMT Traditional Refresher Requirement  
(Must satisfy all refresher requirements every two years)**

Intermediate 85/AEMT "Traditional" Refresher Requirement						
(1A) 1st two-year period			(1B) 2nd two-year period			
Date	Method	Hours	Topics	Hours	Method	Date
		5	Preparatory	5		
		5	Airway Management	5		
		8	Trauma	8		
		12	Medical	12		
		4	Special Considerations	4		
		2	Operations	2		
		36	Total	36		

If a formal Intermediate I-85/AEMT Refresher course was completed, please attach a copy of the course completion certificate for each two-year period.

Section 1A & 1B:	A maximum of <b>10 hours</b> can be applied from Distributive Education toward refresher requirements and must be CECBEMS or DHEC approved.
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**Section IC & 1D: I-85/AEMT Refresher Requirement (Must satisfy all refresher requirements every two years)**

**Intermediate 85/AEMT Refresher Requirement**

(1C) 1st two-year Period			Divisions	(1D) 2nd two-year period		
Date	Method	Hours		Hours	Method	Date
			<b>Airway, Breathing and Cardiology</b>			
			<i>A 16 hour ACLS course meets all objectives for this division</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		6	<i>Provide ventilatory support for a patient</i>	6		
			<i>Provide care to a pt experiencing cardiovascular compromise</i>			
			<i>Attempt to resuscitate a patient in cardiac arrest</i>			
			<i>Provide post resuscitation care to a cardiac arrest patient</i>			
			<b>Flexible Core</b>			
		6	<i>Assess &amp; provide care for an adult pt in respiratory distress</i>	6		
			<i>Use oxygen delivery system components</i>			
			<i>Perform techniques to assure a patient airway</i>			
			<i>Assess &amp; provide care to a pt experiencing non-traumatic chest pain/discomfort</i>			
			<b>Medical Emergencies</b>			
			<i>A 16 hour AMLS course meets all objectives for this division</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		2	<i>Assess &amp; provide care to a pt experiencing an allergic reaction</i>	2		
			<i>Assess &amp; provide care to a near-drowning patient</i>			
			<i>Assess a patient with possible overdose</i>			
			<b>Flexible Core</b>			
		4	<i>Assess &amp; provide care to a pt w/ altered mental status</i>	4		
			<i>Assess &amp; provide care to a pt experiencing a seizure</i>			
			<i>Assess &amp; provide care to a pt w/a behavioral problem</i>			
			<i>Assess &amp; provide care to a pt w/a history of diabetes</i>			
			<i>Assess &amp; provide care to a pt exposed to heat and cold</i>			
			<i>Assess &amp; provide care to a pt w/suspected communicable disease</i>			
			<b>Trauma</b>			
			<i>A 16 hour PHTLS, BTLS, ITLS meets all objectives</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		4	<i>Perform a rapid trauma assessment</i>	4		
			<i>Assess &amp; provide care to a pt w/suspected spinal injury</i>			
			<i>Provide care to a pt w/an open abdominal injury</i>			
			<i>Assess a patient with a chest injury</i>			
			<i>Assess a patient with a head injury</i>			
			<i>Provide care to a pt with shock/hypoperfusion</i>			
			<b>Flexible Core</b>			
		1	<i>Provide care to a pt w/a painful, swollen, deformed extremity</i>	1		
			<i>Assess and provide care to a pt with a burn injury</i>			
			<b>Obstetrics &amp; Pediatrics</b>			
			<i>A 16 hour PEPP, PPC, PALS course meets all objectives</i>			
			<b>Mandatory Core</b> (Must cover ALL topics)			
		6	<i>Assess &amp; provide care to an infant/child w/cardiac arrest</i>	6		
			<i>Assess &amp; provide care to an infant/child w/shock/hypoperfusion</i>			
			<i>Assess &amp; provide care to an infant/child w/respiratory distress</i>			
			<i>Assess &amp; provide care to an infant/child w/trauma</i>			
			<b>Flexible Core</b>			
		6	<i>Assess &amp; provide care to an infant/child w/suspected abuse or neglect</i>	6		
			<i>Assess &amp; provide care for the obstetric patient</i>			
			<i>Provide care to the mother immediately following delivery of a newborn</i>			
			<i>Assess &amp; provide care to an infant/child w/a fever</i>			
			<i>Provide care to a newborn</i>			
			<b>Operational Tasks: Flexible Core</b>			
		1	<i>Use body mechanics when lifting &amp; moving pts</i>	1		
			<i>Communicate with patient while providing care</i>			
		36	Totals	36		

Section 1C & 1D: A maximum of **10 hours** can be applied from Distributive Education toward refresher requirements and must be CECBEMS or DHEC approved.



**Section III A & B: Verification of Skill Competence (Must satisfy every two years)**

Intermediate 85/AEMT Skill Competence				
(3A) 1st two-year period		Skill	(3B) 2nd two-year period	
Date	Method		Method	Date
		<b>Patient Assessment/Management</b>		
		<i>Medical</i>		
		<i>Trauma</i>		
		<b>Ventilatory Management Skills/Knowledge</b>		
		<i>Simple Adjuncts</i>		
		<i>Supplemental Oxygen Delivery</i>		
		<i>Alternative Airways</i>		
		<i>(PTL, Combi-Tube, etc.)</i>		
		<b>Cardiac Arrest Management</b>		
		<b>Hemorrhage Control &amp; Splinting Procedures</b>		
		<b>Spinal Immobilization</b>		
		<i>Seated &amp; Supine Patients</i>		
		<b>OB/Gynecologic Skills/Knowledge</b>		
		<b>Other Related Skills/Knowledge</b>		
		<i>Radio Communications</i>		
		<i>Report Writing &amp; Documentation</i>		

As the Medical Control Physician for this EMT, I do hereby affix my signature attesting to continued competence in all skills out-lined above.

\_\_\_\_\_  
Signature of Medical Control Physician (**Must be original signature**) + Date Signed

**Section IV: Other Required Credentials**

**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

**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-I-85/AEMT Recertification form are true & correct, including the copies of cards, certificates, and other required verification. 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.

\_\_\_\_\_  
Signature of IST Training Director or EMS Service Director + Date Signed

\_\_\_\_\_  
Signature of EMT Recertification candidate + Date Signed