



**Out-Of-State Reciprocity Verification Form
South Carolina Department of Health and Environmental Control
Bureau of EMS**

NOTE: This form is **NOT** needed if applicant is applying for SC reciprocity with a valid National Registry credential.

Section I: TO BE COMPLETED BY THE APPLICANT

It is the **applicant's responsibility** to complete the TOP portion of this form and mail to the State you received your current licensure/certification. Reproduce this form if licensure/certification is held in more than one state. **Do not send this form to SC DHEC Bureau of EMS for completion of Section II.**

Name: _____ SSN: _____

Mailing Address: _____

City / State / Zip Code _____

Phone Number(s) _____

Certification Number _____ Level of Certification _____

Section II: TO BE COMPLETED BY LICENSING/CERTIFYING AGENCY

The applicant named above has applied for certification in South Carolina and has indicated licensure/certification in your state. Please complete Section II of this form and mail to SC DHEC Bureau of EMS, 2600 Bull Street, Columbia, SC 29201 - or - email to emscertifications@dhec.sc.gov.

- 1) Indicate current certification level of candidate: _____
- 2) Candidate's certificate expiration date: _____
- 3) Has this candidate ever had his/her certification revoked or suspended? _____
(If **Yes**, attach details.)
- 4) Is the candidate's license encumbered in any way via Consent or Administrative orders or; do they have any pending action against their credential in your state? _____
(If **Yes**, attach details).
- 5) Has this candidate ever been convicted of a felony? [] Yes, [] No, [] Unknown
(If **Yes**, attach details.)
- 6) Was this candidate's certification issued based on reciprocity from another state? _____
If **Yes**, Which state: _____ When: _____
- 7) Any reason why this candidate should Not be granted reciprocity? _____
(If **Yes**, attach details.)

Name (Print) of State Official Completing Form Title Your State

Signature of State Official Completing Form Telephone Number