

## Replacement Card Request

Date: \_\_\_\_\_

Complete Name: \_\_\_\_\_

*Duplicate copy will be mailed to your current address listed in Continuum. Please verify your Continuum Profile address is current. Login at <https://www.emspic.org/>*

SC Certification Number: \_\_\_\_\_

Social Security Number (Last four digits only): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

I hereby request a duplicate copy of my EMT/AEMT/Paramedic certification pocket card.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date of Signature

**Send request and all required documents to: SC DHEC Bureau of EMS, Attention: Manager for Training & Certification, 2600 Bull Street, Columbia, SC 29201 – or – email to [emscertifications@dhec.sc.gov](mailto:emscertifications@dhec.sc.gov)**