

To: All Credentialed and Candidate Personnel

Date: July 18th, 2019

Subject: accepted BLS and ACLS education programs

The Bureau of EMS for the South Carolina Department of Health and Environmental Control has evaluated available BLS/CPR and ACLS education programs in conjunction with the EMS Training Committee. To be considered for Department approval, each discipline must (1) be accredited by the Commission on Accreditation of PreHospital Continuing Education© (CAPCE) and (2) have a didactic and live psychomotor check-off performed by endorsed instructor from the respective discipline to satisfy the Bureau of EMS provider certification/recertification requirements.

The Bureau of EMS does not accept on-line only courses and/or courses without a hands-on skills evaluation. The following organizations' courses are the **ONLY** programs that will be recognized by the Department as satisfying the requirements as stated in S.C. Code Ann. 44-61-80 Emergency Medical Services and Regulation 61-7 § 900: Emergency Medical Technicians.

Basic Life Support: Must possess one of the following for all certification levels

Figure 1. American Heart Association: Basic Life Support (BLS) for the Healthcare Provider



Figure 2. American Safety & Health Institute (ASHI): Basic Life Support (BLS) for Healthcare Providers



Figure 3. American Red Cross (ARC): CPR/AED for the Professional Rescuer & Health Care Providers



Figure 4. Military Training Network (MTN): BLS for the Healthcare Provider



Advanced Cardiac Life Support: Must possess one of the following for Paramedic certification.

Figure 1. American Heart Association: Advanced Life Support (ACLS) Provider

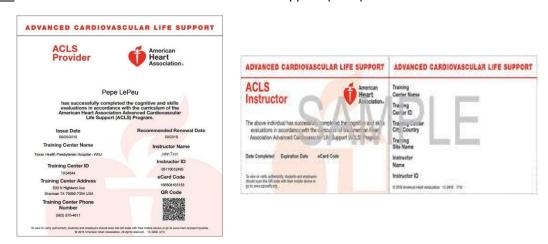


Figure 2. American Safety & Health Institute (ASHI): Basic Life Support (BLS) for Healthcare Providers



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Figure 4. Military Training Network (MTN): BLS for the Healthcare Provider

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of the Amer Support Pro	ertifies that the above individual has pritive and skills evaluations in acco- rican Heart Association for the Ad- gram. The MTN is an authorized in Emergency Cardiovascular Care C	ordance with the vanced Card to provider of American Heart	Name of Military Training Network Affiliate Signature of Program Director	
Issue Date Renewal Date			Holder's Signature	

Should you have any questions, please contact the Department.

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