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## Paramedic Student Paperwork Checklist

The following information and required documentation must be submitted to the Lowcountry Regional EMS Council prior to admission into the Paramedic Program.

### Entrance Requirements:

- Must be at minimum a South Carolina EMT-Basic and certification must remain in effect throughout the Paramedic course.
- Successful completion of the Health Occupations Basic Entrance Test (HOBET) with a minimum composite score of 42% and a minimum reading score of 42%.
- Successful completion a minimum forty-five hour Anatomy and Physiology course meeting the objectives of the 1999 National Standard Paramedic Curriculum. Students enrolling in the Lowcountry Regional EMS Council Anatomy and Physiology Course are advised that successful completion of this prerequisite course is required for admission into the Paramedic Program.

The attached documents must be completed fully and all requested information must be provided:

- Copy of South Carolina EMT or EMT-Intermediate certification wallet card
- Copy of a course completion card for Healthcare Provider Level CPR (either American Heart Association Basic Life Support, Red Cross Professional Rescuer or American Safety and Health Institute Professional Level CPR/AED) that is valid at least through the course exam date.
- Copy of Driver's License for a national criminal background check. The JCAHO requires that all individuals having contact with patients (including students performing clinical rotations) undergo a criminal background check. Anyone with an arrest record must contact the Council office prior to submitting a course application to determine whether they are eligible for paramedic training.
- Completed Health Statement Form (attached). The hospital and field clinical contracts require that our office have on file for each student participating in the clinical process a current health statement verifying that the student has tested negative for tuberculosis within twelve (12) months of the beginning of the class and verifying immunization against Rubella, Rubeola, Varicella, Tetanus and Hepatitis B.
- Major Medical / Worker's Comp Documentation (attached). Each student must be covered by employers' Worker's Compensation or have major medical health insurance that remains in effect throughout Paramedic training.





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**EITHER** major medical insurance **OR** Worker's Compensation coverage must be verified to allow participation in clinical training. The director of education must be informed immediately of any change in the status of this coverage.

Exhibit B

### Major Medical Coverage Documentation

I understand that I am required to have major medical coverage (health and accident) in effect upon entering any allied health program. I am aware that I must maintain major medical coverage continuously while enrolled in any allied health program and that failure to do so will result in **DISMISSAL** from my program of study. I understand that I must keep the Program Coordinator informed of any changes in the policy information I have provided below.

Policy Number \_\_\_\_\_

Policy Effective Dates \_\_\_\_\_

Print Name \_\_\_\_\_

Carrier \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please Note: Any falsification of records will result in **DISMISSAL** from this program of study. Proof of major medical coverage may be required.

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### Worker's Compensation Coverage Documentation

I verify that the student listed below is covered by Worker's Compensation insurance while participating in training sponsored by the Lowcountry Region EMS Council. This coverage includes clinical training.

I understand that this coverage is required for participation in clinical training and will notify the Lowcountry Regional EMS Council of any change in the status of this coverage.

Student \_\_\_\_\_

Agency \_\_\_\_\_

Verifying Official \_\_\_\_\_

Date \_\_\_\_\_