Amt Rec'd:_____

Check/MO:_____

Receipt No.:_____

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
EMERGENCY MEDICAL SYSTEMS

Course #:_____

NREMT #:_____

NV EMS #:_____

EMERGENCY MEDICAL SERVICES CERTIFICATION APPLICATION

This application for certification must be completed (front and back) and submitted to the State EMS Office, (address listed on back) and must be accompanied by a check or money order for $10.00 payable to the Nevada State Health Division. Please indicate below if this is an initial or a renewal and include the documentation requested for that process.**

☐ **Initial Certification**

A. Evidence of successful completion of National Registry written exam.

B. Copy of a current CPR Card.

C. For Advanced, Copy of a Current ACLS Card

☐ **Renewal of Certification**

A. Course completion form from a State approved EMS Refresher course or a Summary of State approved Continuing Education Units.

B. Copy of a current CPR Card.

C. For Advanced, Copy of a Current ACLS Card

Level of certification you are applying for: ☐ 1st Responder ☐ EMT ☐ Intermediate/85 ☐ Advanced EMT

Certification endorsements you are applying for: ☐ EMS Instructor

Name:_____
(Last) (First) (Middle)

Mailing Address_____
(Street / P.O. Box) (City) (State) (Zip)

DOB:_____ SS#:_____ ☐ Male ☐ Female

Phone # :_____/_____ Email Address:_____
(Home) (Work)

Employment Address:_____
(Street) (City) (State) (Zip)

**$25.00 fee for all returned checks

(EMS Office Use Only)

Reviewed by: _____ Date: _____ Approve: ☐ Deny: ☐

Expiration Date: _____ Cert. Level: _____

Endorsements: ☐ EMS Instructor

Date Entered in Database: _____ Date Printed: _____

Please use the space provided below to list those courses that you wish to use for CEU credits **or** the Course # of the state approved Refresher Course. Please record the hours in the column for the appropriate topic. Attach copies of certificates of completion for each along with appropriate skill verifications signed by service Medical Director. If you are renewing an Instructor endorsement you must list dates, course numbers, and hours for courses taught. Please indicate whether you **T**aught or **A**ttended the course

Course Name or Number	Trauma	Peds	Geriatrics	Medical	Specialty	CPR (4hrs)	Skills (BLS-2hrs) (ILS-4hrs) (ALS 6hrs)	T/A

CHILD SUPPORT INFORMATION: (Certificate cannot be issued unless the applicant provides the following information.)

Please check one of the following:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

CERTIFICATION OF APPLICANT: **This application must be signed and dated.**

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to certification by the State of Nevada as an Emergency Medical Technician.

ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE OR DENIAL OF CERTIFICATE

Signed:_____ Date:_____

Applicant (Sign in **BLUE** ink)

Nevada State EMS Office
4150 Technology Way, Suite 101
Carson City, NV 89706
(775) 687-7590