Amt Rec'd:

Check/MO:_____

Receipt No.:

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

APPLICATION FOR RECIPROCAL CERTIFICATE

This application must be completed (front and back) and submitted to the Nevada State EMS Office (address listed on back) and must be accompanied by:

A.		A check or r	none	ey orde	r paya	ble to th	ie "Nevada Sta	te Health Divis	sion" ir	the ar	nount	of:	
		1. Si	xty c	dollars	(\$60.0	0**) for .	Advanced EMT	Certification.					
	2. Fifty dollars (\$50.00**) for Intermediate EMT Certification.												
	:	3. Fo	orty o	dollars	(\$40.0	0**) for	EMT or First R	esponder Cer	tificatio	n.			
В.		Copy of a valid EMT Certificate.											
C.		Copy of a valid CPR Card.											
D.	I	or Advance	ed E	MT Ce	rtificat	ion, a co	py of a valid A	CLS Card.					
Level of certi	fication	you are req	Jesti	ing:		First R	esponder [EMT	[Int	ermed	iate/85	Advanced EMT
Certification	endorse	ments you a	are re	equesti	ing:		EMS I	nstructor					
1. Na	ame:	La											
							F	irst					Middle
		St	reet				C	lity				State	Zip
Bir	thdate:				_	Social	Security #:					Male	E Female
Ph	one #:	(Home)		1		rk)	E	Email Address:					
		(Home)			(Wo	rk)							
2. Va	lid EMS	Certificates	curi	rently h	neld:								
Ce	ertificatio	n #			Certi	fication		Fxr	niration	Date			Issuing Agency
00	rtification #				Ocru	lication			mation	Date			
						A	Attach copies o	f all certificate	s.				
**\$25.00 fee	for all re	turned cheo	cks										
							(EMS Offic	e Use Only)					
Issue Recipro	ocal Cer	tificate		Yes		No	Issue Re	ciprocal AA		Yes		No	EMS #:
Level:					Appro	ved by:				Da	te Issi	ued:	
Issue Nevada	a Certifi	cate		Yes		No		evada AA		Yes		No	EMS #:
lf no, explain			_										
Level:							A	pproved by:					

Expiration Date of Certification:	Expiration Date of AA:
Date Entered in Database:	Date Printed:

Hav	/e you ever had an EMS certificate revoked, terminated or suspended as a result of any disciplinary action?: 🔲 Y	íes 🛛
lf ye	es, please explain the situation and provide information regarding final disposition:	
СН	ILD SUPPORT INFORMATION: (Certificate cannot be issued unless the applicant provides the following information	ion.)
Plea	ase 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 a compliance with a plan approved by the District Attorney or other public agency enforcing the order for the re amount owed pursuant to the order; or	epaym
	I am subject to a court order for the support of one or more children and am not in compliance with the order approved by the District Attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.	
Do	you intend to be associated with an ambulance service or other emergency response agency in Nevada:	Yes [
If ve	es, give name and address of service or agency:	

8. CERTIFICATION OF APPLICANT: This application <u>must</u> 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 reciprocal certification by the State of Nevada as an Emergency Medical Technician.

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

Signature:

Sign in BLUE ink

Date:

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