

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

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: _____

