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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: <input type="checkbox"/>	Deny: <input type="checkbox"/>
Expiration Date: _____	Cert. Level: _____		
Endorsements: <input type="checkbox"/> EMS Instructor			
Date Entered in Database: _____	Date Printed: _____		

