

Amt Rec'd: _____
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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
EMERGENCY MEDICAL SYSTEMS

Course #: _____
NREMT #: _____
NV EMS #: _____

APPLICATION FOR LATE RENEWAL OF EMERGENCY MEDICAL SERVICES CERTIFICATION

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 \$20.00** payable to the Nevada State Health Division and:

- 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: _____		

