

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

**APPLICATION FOR AGENCY DRIVER-ONLY PROGRAM**

Agency Name: _____	Permit No. _____
Mailing Address: _____	
Service Coordinator: _____	Phone No. (____)_____

- Agencies that wish to conduct a driver-only program must apply to the Division at least 90 days before the agency intends to begin operating the driver-only program. Agencies may not operate driver-only programs without the approval of the Division.
- All driver-only programs approved by the Division shall expire 2 years after the date on which the approval was granted.
- A driver-only program is prohibited in cities whose population is more than 100,000.

1. What level of service will the driver-only program provide?       BLS       ILS       ALS
2. Has this agency ever been issued a driver-only endorsement?       YES       NO
3. Has the agency ever had a driver-only endorsement suspended or revoked?       YES       NO

In addition to the application, an agency that is applying to conduct a driver-only program must submit:

- a. A description of staff of the agency; and
- b. A letter of support from the medical director of the agency; and
- c. A list of drivers;

Agencies that have received Division approval to operate a driver-only program will be required to create a form for an annual report, due on or before February 1 of each year, which must include:

- a. The number of calls for emergency medical services that the service responded to during each month of the last preceding calendar year;
- b. The number of calls for emergency medical services that the service responded to using the driver-only program during each month of the last preceding calendar year; and
- c. A summary of each call for emergency medical services that the service responded to using the driver-only program which resulted in a negative outcome for the patient or a delay of care.

I hereby certify that all statements made in this application are true and understand that any misstatements of facts contained herein or attached hereto may cause denial of issuance or revocation or suspension of approval to operate a driver-only program in the State of Nevada.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
Date Rcv'd: _____	Reviewed by: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied- Reason: _____	