

Amt Rec'd: _____

Check/MO: _____

Receipt No.: _____

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

APPLICATION FOR RECIPROCAL CERTIFICATE

This application must be completed and submitted to the Nevada Division of Public and Behavioral Health EMS Office and must be accompanied by:

- A. A check or money order payable to the "Division of Public and Behavioral Health EMS" in the amount of:
 - 1. Ten dollars (\$10.00**) for any level of reciprocity from National Registry of EMTs.
 - 2. Fifty dollars (\$50.00**) for Paramedic Certification by state reciprocity.
 - 3. Forty dollars (\$40.00**) for Advanced EMT Certification by state reciprocity.
 - 4. Thirty dollars (\$30.00**) for EMT or Emergency Medical Responder Certification by state reciprocity.
- B. Copy of a valid EMT Certificate.
- C. Copy of a valid CPR Card.
- D. For Paramedic Certification, a copy of a valid ACLS, PALS, and ITLS (or equivalent) card.

**\$25.00 fee for all returned checks

Level of certification you are applying for: EMR EMD EMT
 Advanced EMT Paramedic

Certification endorsements you are applying for: EMS Instructor Immunization
 Critical Care Paramedic Community Paramedic

1. Name: _____
Last First Middle
 Address: _____
Street City State Zip
 Birth date: _____ Social Security #: _____ Male Female
 Phone #: _____ / _____ Email Address: _____
(Home) (Work)

2. Valid EMS Certificates currently held:

Certification #	Certification Level	Expiration Date	Issuing Agency

Attach copies of all certificates.

(EMS Office Use Only)			
Issue Reciprocal Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Reciprocal AA	<input type="checkbox"/> Yes <input type="checkbox"/> No EMS #: _____
Level: _____	Approved by: _____	Date Issued: _____	
Issue Nevada Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Nevada AA	<input type="checkbox"/> Yes <input type="checkbox"/> No EMS #: _____
If no, explain: _____			
Level: _____	Approved by: _____		
Expiration Date of Certification: _____	Expiration Date of AA: _____		
Date Entered in Database: _____	Date Printed: _____		

