

Please use the space provided below to list those courses that you wish to use for CEU credits **or** the Course # of the state approved Refresher Course. Please record the hours in the column for the appropriate topic. Attach copies of certificates of completion for each along with appropriate skill verifications signed by service Medical Director. If you are renewing an Instructor endorsement you must list dates, course numbers, and hours for courses taught. Please indicate whether you **T**aught or **A**ttended the course

Course Name or Number	Trauma	Peds	Geriatrics	Medical	Specialty	CPR (4hrs)	Skills (BLS-2hrs) (ILS-4hrs) (ALS 6hrs)	T/A

Military Veteran Information: Yes: No:

Branch of Service: _____ Length of Service: _____

CHILD SUPPORT INFORMATION: (Certificate cannot be issued unless the applicant provides the following information.)

Please check one of the following:

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

CERTIFICATION OF APPLICANT: **This application must be signed and dated.**

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to certification by the State of Nevada as an Emergency Medical Technician.

ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE OR DENIAL OF CERTIFICATE

**\$25.00 fee for all returned checks

Signed: _____ Date: _____
Applicant (Sign in BLUE ink)

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 EMERGENCY MEDICAL SYSTEMS
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