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

Course #:_____

NREMT #:_____

NV EMS #:_____

APPLICATION FOR LATE RENEWAL OF EMERGENCY MEDICAL SERVICES CERTIFICATION

This application for certification must be completed and submitted to the Division of Public and Behavioral Health EMS and must be accompanied by a check or money order for $20.00** payable to the Division of Public and Behavioral Health EMS 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 Paramedic, Copy of a Current ACLS, PALS, ITLS (or equivalent) Cards.

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

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)

(EMS Office Use Only)

Reviewed by: _____ Date: _____ Approve: ☐ Deny: ☐

Expiration Date: _____ Cert. Level: _____

Endorsements: ☐ EMS Instructor ☐ Immunization ☐ Critical Care Paramedic ☐ Community Paramedic

Date Entered in Database: _____ Date Printed: _____

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	Geriatric	Medical	Specialty	CPR (4hrs)	Skills (BLS-2hrs) (ILS-4hrs) (ALS 6hrs)	T/A

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
4150 Technology Way, Suite 101
Carson City, NV 89706
(775) 687-7590