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

APPLICATION FOR EMS INSTRUCTOR ENDORSEMENT

INSTRUCTIONS: This application must be filled out completely and mailed, along with a check or money order in the amount of \$10.00 payable to the Division of Public and Behavioral Health EMS.

1. Name: _____

Mail Address: _____
Street/PO Box City Zip

Home Phone _____ Work Phone _____

2. Nevada EMS # _____

3. Current Level of Certification: Emergency Medical Responder EMT AEMT
 Paramedic Emergency Medical Dispatcher

4. Nevada Teacher Certificate _____ or EMS Instructor Course _____
Number Course Number

5. 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.

6. Please attach a copy of a Completion Report from an approved EMS Instructor Course or equivalent training program approved by the Division of Public and Behavioral Health EMS Program.

7. Proof of monitored teaching. Must complete 5 hours of didactic and 5 hours of monitored instruction.

8. Recommended for Endorsement: _____
Course Coordinator Signature (Sign in BLUE ink) Date

9. 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**

10. Applicant Signature: _____
Sign in BLUE ink Date

(EMS Office Use Only)			
Regional Office			
Reviewed by: _____	Date: _____	Approve: <input type="checkbox"/>	Deny: <input type="checkbox"/>
Education Coordinator			
Reviewed by: _____	Date: _____	Approve: <input type="checkbox"/>	Deny: <input type="checkbox"/>

PROOF OF MONITORING

DATE	AMOUNT OF TIME TAUGHT	TOPIC TAUGHT &	NV EMS COURSE NUMBER	LECTURE OR PRACTICAL CATEGORY	COORDINATOR SIGNATURE

COORDINATORS COMMENTS: _____

Mail Application to:
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS
4150 Technology Way, Suite 101
Carson City, NV 89706
(775) 687-7590