

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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street / P.O. Box) (City) (State) (Zip)

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  Male  Female

Phone #: \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) Email Address: \_\_\_\_\_

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

Date Entered in Database: \_\_\_\_\_ Date Printed: \_\_\_\_\_

