



Blood Gas Assistant

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1030 Fax: (775) 684-1075
Website: <http://dph.nv.gov/Reg/RegulatoryPgms/>

**APPLICATION AND
CHECKLIST**
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THIS BOX FOR OFFICAL USE ONLY

COMPLETE THIS FORM. PLEASE FILL IN THIS FORM ELECTRONICALLY, PRINT, SIGN, DATE AND SUBMIT. *(If unable to complete electronically type or print in black or blue ink and submit)* Please check one of the boxes above indicating what type of license you are applying for.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF YOUR CERTIFICATE

INDICATE WHETHER THIS IS AN INITIAL CERTIFICATION OR REACTIVATION OF A CERTIFICATE *(check only one):*

- Initial Certificate**
- Reactivation of Certificate**

PERSONAL INFORMATION
Name
Maiden/Previous Name (if applicable)
Social Security Number (REQUIRED)
Date of Birth
Email Address
Mailing Address (MUST BE HOME ADDRESS)
PO BOX (If mail undeliverable to home address)
City, State
Zip Code
Phone Number

(Regulations governing medical laboratories and laboratory personnel may be found at: <http://leg.state.nv.us/NAC/NAC-652.html>)

Application Attestations (Check if applicable)

If you do not provide a method of electronic communication, such as an e-mail address or any other method by which to communicate with you other than by telephone or U.S. mail, you must check this box attesting that this is not feasible and acknowledging that the U.S. mail is the only means which to communicate with you.

Child Support Information: (Must check one box)

- 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 with a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and I 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. You are required to contact the district attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the arrearage.

❖ Your application **will be denied** if you do not complete this section.

Certified Laboratory Assistant or Office Laboratory Assistant Status (Must check Yes or No)

Do you currently hold a Laboratory Assistant or Office Laboratory Assistant certificate? Yes No
If Yes, provide your certification number here: _____

INITIAL APPLICANTS COMPLETE THIS SECTION

I have submitted with my application:

- A copy of my High School Diploma or my transcripts with my graduation date or my General Equivalency Diploma with graduation date **(MUST BE INCLUDED)**
 - ❖ If submitting a high school diploma from a foreign country, you must submit a letter stating that the document provided is a high school diploma. The letter must state, "Under penalty of perjury I attest that the document I have submitted is in fact a copy of my high school diploma." You must sign and date this document.

AND YOU MUST ALSO INCLUDE:

- A letter on letterhead or a certificate from a laboratory indicating that you are currently being trained in the determination of blood gases which has been signed by the laboratory director.
 - ❖ A blood-gas assistant may work only under the constant direct supervision of a blood-gas technologist or the director.

IF YOU ARE APPLYING FOR A REACTIVATION OF A CERTIFICATE YOU MUST COMPLETE THIS SECTION (Must check both boxes)

- I have submitted with my application copies of my CEU certificates which add up to 10 CEU contact hours.
- I certify it has been 5 years or less since my certification has expired.

Note: If it has been more than 5 years since your certification has expired you must apply as an Initial Applicant by completing the initial applicant's section in the category for which you are applying.

Previous Certification Number: _____

Expiration Date: _____

I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of licensure. I have examined this application and it is complete. I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

Applicant's Signature: _____ Date: _____

ALL APPLICANTS MUST SUBMIT, WITH YOUR APPLICATION, TO THE ADDRESS PROVIDED BELOW:

- A completed, signed **and** dated application.
- A **\$60 fee** via personal check, cashier's check or money order **paid to the order of Nevada State Treasurer.**
- All documents required to be submitted with this application.

Notes:

- ❖ Certificate issued is valid for two (2) years after the date on which it was issued.
- ❖ You may work as a temporary employee for a period not exceeding 6 months while the application is being processed.
- ❖ It is your responsibility to renew your certification before it expires, regardless of whether you receive a renewal notification or not.
- ❖ Allow up to six months processing time.
- ❖ If insufficient funds are submitted a \$25 fee will be assessed.

Submit completed application, including all requested documentation and fee to:

Division of Public and Behavioral Health
Medical Laboratory Services
727 Fairview Drive, Suite E
Carson City, NV 89701

If you have any questions please contact 775-684-1030 and request the Medical Laboratory Services.

Change of Information

You must notify the Division of any change to the information contained in your application within 30 days after the change by completing and submitting the Change of Name or Address Form for Clinical Laboratory Personnel found

at: <http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/MedicalLabs/Docs/Applications/changeofaddress.pdf> Failure to comply with this requirement is grounds for denial of your application or the suspension or revocation of your license, as applicable.