Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.

Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Please complete the following application by typing or printing clearly.

Agency Name: _____

Training to be conducted (CPR, BTLS, continuing education, ect) _____

Amount of funding requested: $ _____

Local Government Agency to receive and administer the funds (If different from above): _____

Address: _____
(Street)   (City)   (State)   (Zip)   (Tax I.D. #)

Authorized Local Official: _____   _____
(Print Name)   (UEI #)

Authorized Local Official: _____   Date: _____
(Signature)

Training Program Coordinator: _____
(Day time phone #)

Address: _____
(Street)   (City)   (State)   (Zip)

Email address: _____

In addition to this application please submit (on agency letterhead) a brief explanation of the need for this training program and the following information:

- Scope of Work: Needs to include a description or outline of the educational program to be conducted with a list of goals and objectives. For equipment request, need to include a full detailed description of equipment, how the equipment will be used and the impact Nevada.
- The number of EMS personnel expected to participate in the training (for training only)
- A brief description of the geographic area to be served by the training or equipment.
- A detailed budget that shows the total costs of the training program or equipment.

> **Return application and required documentation to:**
> Division of Public and Behavioral Health EMS
> Program Attention: Mike Bologlu
> 4126 Technology Way, Suite 100
> Carson City NV 89706
> Phone: (775) 687-7590   Fax: (775) 687-7595

EMS Office Use Only

Date Received: _____   Reviewed By: _____

Approved: _____   Amount Recommended: _____

Denied: _____   Reason for denial: _____

EMS Program Director: _____   Date: _____   Approved _____   Denied _____

Amount authorized: _____   Budget/Category: _____