

Application Help Guide

State of Nevada EMS



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.

Introduction

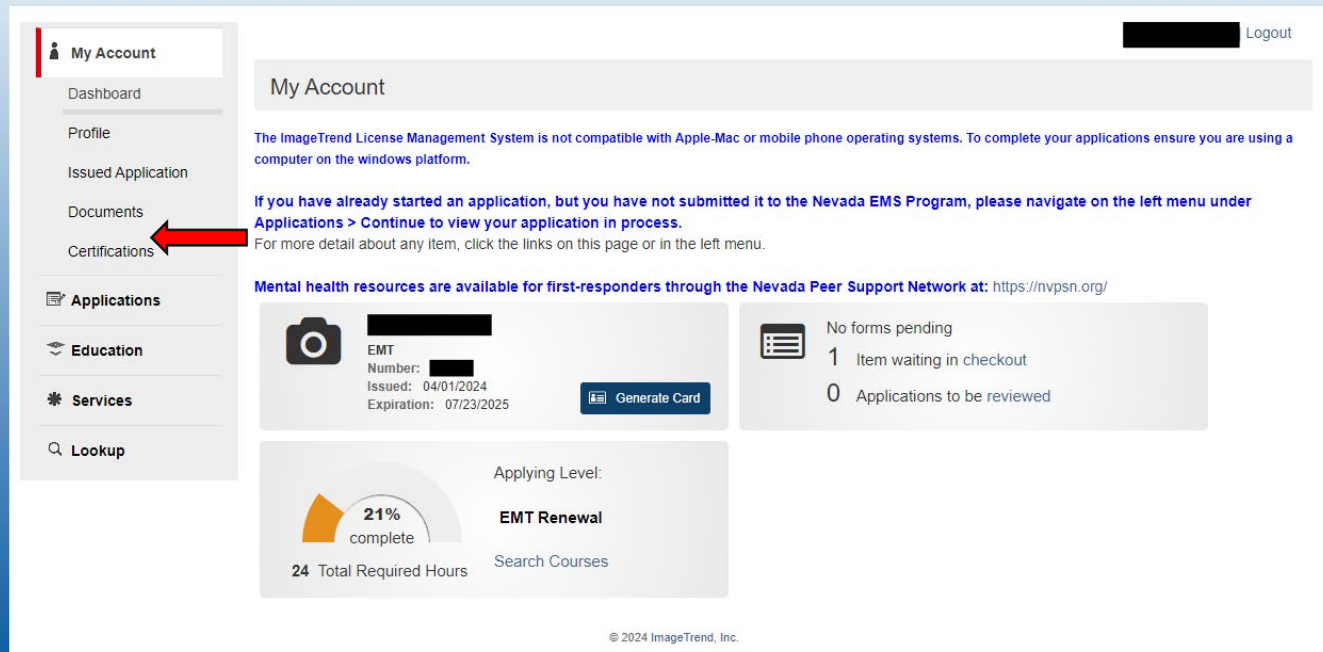
Thank you for your interest in becoming a part of Nevada's EMS system. This guide is designed to help you through the application process. If you still need some assistance, please contact our office at healthems@health.nv.gov



Getting Started



Nevada State EMS Licensing Online Application Portal



The screenshot shows the user interface of the Nevada State EMS Licensing Online Application Portal. On the left is a navigation menu with the following items: My Account (selected), Dashboard, Profile, Issued Application, Documents, Certifications, Applications, Education, Services, and Lookup. A red arrow points to the 'Applications' tab in the menu. The main content area is titled 'My Account' and includes a 'Logout' button. A warning message states: 'The ImageTrend License Management System is not compatible with Apple-Mac or mobile phone operating systems. To complete your applications ensure you are using a computer on the windows platform.' Below this, a blue link reads: 'If you have already started an application, but you have not submitted it to the Nevada EMS Program, please navigate on the left menu under Applications > Continue to view your application in process.' A note below says: 'For more detail about any item, click the links on this page or in the left menu.' A link for mental health resources is provided: 'Mental health resources are available for first-responders through the Nevada Peer Support Network at: <https://nvpsn.org/>'. The main content area features three cards: 1. An EMT card showing 'EMT Number: [redacted]', 'Issued: 04/01/2024', and 'Expiration: 07/23/2025' with a 'Generate Card' button. 2. A pending forms card showing 'No forms pending', '1 Item waiting in checkout', and '0 Applications to be reviewed'. 3. An EMT Renewal card showing 'Applying Level: EMT Renewal', '21% complete' progress, and '24 Total Required Hours'.

Once you create an account your homepage will look similar to this. To start an application, click the “Applications” tab.



Choosing your application



Nevada State EMS Licensing Online Application Portal

My Account [Redacted] Logout

Applications

- Continue
- Checkout 1
- Transaction
- History

Education

- Services

Lookup

New Applications

Begin a new application, or click one of the links in the left menu to work with an application you have already begun.

>> When uploading training or certification documentation - enter the "from" and "to" dates OF YOUR TRAINING - not the "from" and "to" dates of your certification. <<

My Applications

[Redacted] EMT
Issue Date: 04/01/2024
Expiration Date: 07/23/2025

| Applications | Action |
|--|--------------------------------------|
| Emergency Medical Services Initial Certification Application Complete this application if you completed a program of training in Nevada and you need to apply for an initial EMS certification or to upgrade your certification level. | Apply Now |
| Reciprocal Certification Application OUT OF STATE PROVIDERS: If you completed your EMS training program outside of Nevada, you must complete the reciprocal certification application to obtain a Nevada EMS certification. | Apply Now |
| Ambulance Attendant License Application Use this application to apply for an initial Ambulance Attendant License or Air Ambulance Attendant license if you are providing patient care in the field with a Nevada EMS/Fire service. Providers must be employed by a permitted ambulance or fire service and hold a Nevada EMS certification before completing this application. | Apply Now |
| Application for Initial Provider Endorsement Use this application to apply for an initial: Immunization Endorsement, EMS Instructor Endorsement, Community Paramedicine Endorsement, or a Critical Care Paramedic Endorsement | Apply Now |
| Ambulance Driver-Only Application Use this application to get approval to drive an ambulance with a permitted ambulance or fire service. | Apply Now |
| Provisional Attendant License Application Complete this application if you are in a Nevada EMS education program and need to affiliate with an EMS agency to complete your ride times. | Apply Now |
| Mental Health Transport Employee Application | Apply Now |



- On this screen you can pick the application that you need to complete.
- Make sure to read the description so that you pick the right application!
- Click the apply now button for the application you would like to review, and it will take you there.

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a white scooter. She is wearing a white polo shirt and dark pants. Behind her, a woman in a striped shirt is pushing a stroller, and a man in a dark polo shirt is walking to the left. The background shows trees and a house.

Initial Certification Application



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Demographics information



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Nevada State EMS Licensing Online Application Portal

My Account Logout

Applications

- Continue
- Checkout 1
- Transaction
- History

Education

Services

Lookup

Initial Certification Application

< Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check >

▼ Applicant Demographic Information

*First Name
[Redacted]

Middle Name
[Redacted]

*Last Name
[Redacted]

*Street 1
[Redacted]

*Postal Code
[Redacted] Lookup

*State
Nevada

*City
Reno

*Birth Date
[Redacted] Today

*SSN
[Redacted] [Redacted] [Redacted] Show

The first page will be your demographic information. Make sure you review each line and check for accuracy.

Demographics (cont.)

*Upload a copy of the front side of your drivers license

Name
Drivers License

Description

Document Type
Drivers License

***Make sure the copy of your drivers license is clear and contains the whole front of the card.

There are two parts to pay special attention too on the first page: the drivers license upload and the child support compliance question.

Statement Of Child Support Compliance

Statement of child support compliance

Select one of the following categories:

- 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.

***If you have questions about this please contact our office.

Certification level and Education Documents



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

Demographic Information - 1 of 6 | **Certification Level and Education Documents - 2 of 6** | State of Nevada Required DPS Background Chec

▼ Certification Level and Education Documents

*Did you complete your EMS training program in Nevada or do you hold an EMS certification from the Southern Nevada Health District? (If no, you must complete the reciprocal certification)

Yes
 No

Application Type

| | Initial |
|--------------|----------------------------------|
| EMR | <input type="radio"/> |
| EMT | <input type="radio"/> |
| Advanced EMT | <input type="radio"/> |
| Paramedic | <input checked="" type="radio"/> |

*Do you hold a current Nevada EMS Certification and are you applying to upgrade your current certification level? (Provisional or SNHD certifications do not count)

Yes
 No

*****This question is where you will let us know if you are already certified in Nevada and you are going from a lower level certification to a higher level (i.e. AEMT to Paramedic)**

The next tab is for you to tell us what certification level you are applying for and to provide the supporting documentation. For this example, we are going to use a new paramedic because they have the most requirements.

*****For other levels follow the same process and upload only what is needed**


Certification level and Education Documents (cont.)

*Nevada EMS Providers are required to receive training for interacting with persons with developmental disabilities. Upload your Developmental Disability certificate of completion here:



Name

Document Type


If you have not completed your developmental disability training, you can complete it online for free by visiting : <https://velocityemstraining.com/shop/> 

*Pursuant to NRS 450B.180, Nevada EMS providers must complete Weapons of Mass Destruction (WMD) training. Upload your WMD certificate of completion here:



Name

Document Type

If you have not completed your Weapons of Mass Destruction training, you may complete it online for free by visiting: <https://teex.org/class/awr160/> 

The next section in the tab is required training for all EMS personnel in Nevada, [please upload the completion certificates in the appropriate locations.](#)

- Developmental disability training
- Weapons of Mass Destruction (WMD) Training

*****The training can be completed for free at the links provided.**

Certification level and Education Documents (cont.)



***Healthcare Provider CPR Expiration Date**

  Today


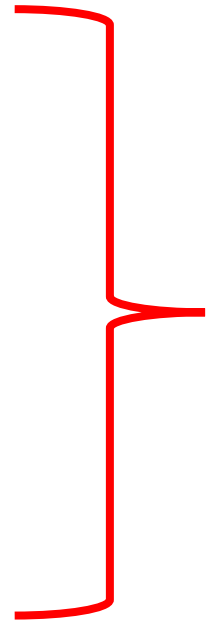
***ACLS Expiration Date**

  Today

***PALS Expiration Date**

  Today

***ITLS/PHTLS Expiration Date**

  Today

Next, input the expiration dates for your certifications.

*****Only Paramedic's requires ACLS, PALS, and ITLS/PHTLS**

Certification level and Education Documents (cont.)

Now you will upload supporting documentation for each required Section. Use the green circle to upload the documents. Make sure each document meets the requirements listed in the next few slides.

*****For each required document make sure to enter all the information required; such as actual course start date and completion date (NOT the issue and expiration date).**

Also add the corresponding hours completed for each requirement.

| Supplemental Education | | | | | | |
|--|--------------------------------------|--|----------|---------------------|-----------|--------------------------------------|
| Paramedic Initial: | | | | | | <input type="checkbox"/> In Progress |
| | | Level Total: 0.00 of 1501.00 | | | | |
| | | Flex Hours: 0.00 of | | | | |
| Required | | | | | | |
| Paramedic Initial Certification Requirements | | | | | | |
| 0.00 Completed | 1501.00 Remaining | Topic | Required | Completed | Remaining | |
| <input type="text" value="0.00"/> | <input type="text" value="1501.00"/> | <input type="radio"/> Paramedic Course | 1472.00 | 0.00 | 1472.00 | <input type="button" value="+"/> |
| | | <input type="radio"/> CPR Course | 4.00 | 0.00 (Max: 4.00) | 4.00 | <input type="button" value="+"/> |
| | | <input type="radio"/> ACLS or Equivalent | 8.00 | 0.00 (Max: 8.00) | 8.00 | <input type="button" value="+"/> |
| | | <input type="radio"/> ITLS or PHTLS | 8.00 | 0.00 (Max: 8.00) | 8.00 | <input type="button" value="+"/> |
| | | <input type="radio"/> PALS or Equivalent | 8.00 | 0.00 (Max: 8.00) | 8.00 | <input type="button" value="+"/> |
| | | <input type="radio"/> NREMT Certification Card | 1.00 | 0.00 (Max: 1.00) | 1.00 | <input type="button" value="+"/> |

1501.00 Total Requirements

Training course certificate



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This must be the course completion certificate awarded to you by your EMS training program.

*****Course transcripts are not accepted by our office**



DO



REMSA CENTER FOR INTEGRATED HEALTH & COMMUNITY EDUCATION
CERTIFICATE OF COMPLETION

Student Name: [Redacted]
 Course Completed: Paramedic Program
 Course Instructor: [Redacted]
 Date Completed: 5/1/2024
 Hours Completed: 1295

This student has participated in and completed an Emergency Medical Services course approved by the State of Nevada Division of Health and taught in accordance with the current EMS education Standards. Included in the curriculum is training specifically for immunization administration, terrorism & weapons of mass destruction, and patients with special considerations in accordance with current EMS education standards and Nevada Division of Health. Students successfully completing EMS education programs have participated in classroom education as well as field internships. If you have issues or comments regarding the quality of this education and/or your satisfaction with it, please contact REMSA at (775) 858-5700. A \$5.00 fee will be charged for replacement.

Continuing Education Information:

Number: TC16323
 Provider: NV 030198-1

EMS Medical Education Information:

PALS approved for CME credit by the State Board of Medical Examiners

Jennifer Walters
 Jennifer Walters BS, NRP

M. Hirt, RN
 Markus Hirt, RN



Truckee Meadows Community College
awards this Certificate of Recognition to

[Redacted] has completed all didactic, clinical, and internship requirements of the Paramedic Academy according to the CoAEMSP/CAAHEP standards to be an entry-level paramedic

on
 January 9th, 2023

Course #: 21-1606-065

Michael Schulz
 Michael Schulz, M.Ed.,
 Paramedic
 Public Safety Director
 Paramedic Program Director

Dr. Emily Schmitt-Brown
 Dr. Emily Schmitt-Brown, M.D.
 Medical Director



DON'T

College of Southern Nevada
 6375 W Charleston Blvd
 Las Vegas, NV 89146
 CSN01

Unofficial - Undergraduate Career

Name: [Redacted]
 Student ID: [Redacted]

| Transfer Credits | | | |
|--|----------------------|--------|--------|
| Transfer Credit from University of Nevada Reno | Att. | Earned | Points |
| Course Tran GPA: 0.00 | Transfer Tot: 117.00 | 117.00 | 0.000 |

| Beginning of Undergraduate Record 2024 Summer | | | | | |
|--|----------------------------|-------------|--------|--------|--------|
| Program: | Degree/Certificate Seeking | Att. | Earned | Points | |
| Plan: | Public Safety Major | 2024 Summer | | | |
| Course | Description | Att. | Earned | Grade | Points |
| EMS 108B | Emer Med Tech Training | 8.00 | 8.00 | B+ | 26.400 |
| EMS 150B | EMT Clinical Practice | 1.00 | 1.00 | P | 0.000 |
| Grading Basis: Letter Grades | | | | | |
| Grading Basis: Pass/Fail | | | | | |

| Term GPA | 3.30 | Term Tot | Att. | Earned | GPA Unit | Points |
|----------|------|----------|------|--------|----------|--------|
| | | | 9.00 | 9.00 | 8.000 | 26.400 |
| Cum GPA | 3.30 | Cum Tot | Att. | Earned | GPA Unit | Points |
| | | | 9.00 | 9.00 | 8.000 | 26.400 |

Term Honor/Award: Honors
 Academic Standing Effective 08/15/2024: Good Standing

End of Unofficial - Undergraduate Career

CPR Course

This must be your Healthcare Provider BLS CARD

*****Cards must show expiration date. Course must have hands on component to be accepted. First Aid (Heartsaver) is not accepted.**



DO

BASIC LIFE SUPPORT

BLS Provider

American Heart Association

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Renew By

Instructor Name

Instructor ID

eCard Code

QR Code

Training Center City, State

Training Center Phone Number

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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American Heart Association
GUIDELINES
2015 CPR & ECC

Certificate

YOUR NAME

has successfully completed
HeartCode® BLS Online Portion

Hands-on skills practice and testing, either conducted by an authorized AHA BLS Instructor or using a voice-assisted manikin system, is required to receive a Basic Life Support Provider course completion card.

For greater success, it is recommended the hands-on skills session be conducted shortly after completing the online portion. Please take this certificate with you to your hands-on skills session.

This certificate does not constitute successful completion of the full Basic Life Support Provider Course.

SAMPLE0555ABC Certificate Number September 20, 2016 Date Completed

HEARTSAVER

**Heartsaver®
First Aid CPR AED**

American Heart Association

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:

Heartsaver Total CPR AED Only First Aid Only Child CPR AED Infant CPR Exam

Issue Date Renew By



DON'T

HEALTHCARE PROVIDER

**Healthcare
Provider**

eMedCert
Electronic Medical Certification

YOUR NAME HERE

This card certifies the above listed individual has successfully completed the course requirements and cognitive evaluation in accordance with the Electronic Medical Certification (eMedCert) Basic Life Support (BLS) program curriculum.

01/01/24 Issue Date 01/01/26 Suggested Renewal Date

ACLS, PALS, ITLS/PHTLS



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

This must be your Provider CARD

*****Cards must show expiration date. Course must have hands on component to be accepted.**



DO

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date Renew By eCard Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

ADVANCED CARDIOVASCULAR

ACLS Provider

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date Renew By eCard Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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NAEMT
National Association of
Emergency Medical Technicians
www.naemt.org

THIS ACKNOWLEDGES THAT

First and Last Name _____

Has successfully completed _____

NAEMT
National Association of
Emergency Medical Technicians

First and Last Name _____

Has successfully completed the
NAEMT Prehospital Trauma Life Support

ITLS
International Trauma Life Support

Certificate of Participation

has completed the
Advanced Provider Course

Renew By _____

Instructor Name _____

Instructor ID _____

eCard Code _____

QR Code _____

ITLS
International Trauma Life Support

Certificate of Participation

has completed the
Advanced Provider Course

Renew By _____

Instructor Name _____

Instructor ID _____

eCard Code _____

QR Code _____



DON'T

The Clinical Advisory Committee of the
American Association of Healthcare Professionals
at Boston, Massachusetts in the United States of America

ON THE NOMINATION OF THE INSTRUCTOR PANEL BELOW CERTIFIES THAT

Jon Doe

has demonstrated ability through the successful completion of the course

Advanced Cardiovascular Life Support

Issued Date: _____ Renewal Date: _____

Rick Kulkarni *Cyrus Yau*

Rick Kulkarni, MD, FACEP
Course Instructor

AHP
CERTIFIED

Cyrus Yau, MD, FACP
Course Editor

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

YOUR NAME HERE

This card certifies the above listed individual has successfully completed the course requirements and cognitive evaluation in accordance with the Electronic Medical Certification (eMedCert) Advanced Cardiovascular Life Support (ACLS) program curriculum.

01/01/23 **01/01/25**
Issue Date Suggested Renewal Date



NREMT Certification Card

This must be your NREMT CARD

*****Cards must show expiration date. Do not upload the certificate that you are awarded. Only the card.**



DO



DON'T

National Registry
Emergency Medical Technicians

Hereby Certifies
Your Name
as an

Emergency Medical Technician

duly registered together with all the rights and privileges appertaining thereto
in consideration of having satisfied the prescribed national standards for certification.
In Testimony Whereof, the seal of the National Registry of Emergency Medical Technicians
and signatures as authorized by the Board of Directors are hereunto affixed this
Sixteenth day of October, 2015 A.D.

Seamus B. [Signature]
Chairman of the Board



Seamus B. [Signature]
Executive Director

DPS Background Check



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Demographic Information - 1 of 6

Certification Level and Education Documents - 2 of 6

State of Nevada Required DPS Background Check >



▼ State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. **If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.**

The approved legislation can be found here:

R105-22AP

If you completed a DPS background check for this application, select the No option below.

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

Yes  I have already completed a background for the state EMS office, and it has not expired

No  I have not completed a background for the state EMS office and/or I have just completed one for this application.

This next tab is for the background requirement for certification. It must be completed to get certified.

*****It is required every 6 years. Backgrounds completed for any other organization cannot be accepted as the EMS office cannot receive the results. You must complete a separate background.**

DPS Background Check (cont.)

Initial Certification Application

Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check

State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. **If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.**



The approved legislation can be found here:
R105-22AP

If you completed a DPS background check for this application, select the No option below.

**Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)

Yes
 No

*Date of last DPS background check with the Nevada EMS Program (date must be within 6-years)

mm/dd/yyyy  Today 

If you have completed one in the last 6 years you will need to put the date of the last time it was completed [here](#).

*****Backgrounds for any other organization are not accepted.**

DPS Background Check (cont.)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

- Yes
 No

All providers applying for their initial EMS certification are required to complete a Department of Public Safety background check pursuant to NAC 450B every 6-years. Complete the following section and resubmit a DPS background check to the Nevada EMS Program.

***How are submitting your DPS background check to the Nevada EMS Program?**

- Fingerprint cards (Out of State Providers) **← This is for out of state providers, you will receive a fingerprint card and mail it into our office.**
- LiveScan by local law enforcement **← This is for in state providers who complete electronic fingerprints by local law enforcement**
- Fingerprint Express or another outside vendor (paid the \$40.25 DPS background check processing fee)

← This is for in state providers who go to a private vendor to complete fingerprints.

Background Check Tracking Number: **← [Once you complete your fingerprints, place the tracking number \(TCN\) here.](#)**

***Fingerprint Request Document Upload**

← [Upload the completed Background Check Request Form here](#)

Name

Description

Document Type

If you select no, it will bring up this next section. You will fill out how you have/ are completing your background. Then, upload your completed Background Check Request Form

*****You must use the State of Nevada EMS Background check Request Form to complete your fingerprints. If you do not, we will not receive your results.**¹⁸



DPS Background Check (cont.)



EMERGENCY MEDICAL SYSTEMS
4126 Technology Way, Ste 100
Carson City, Nevada 89706
Telephone (775) 687-7590 • Fax (775) 687-7595
<http://dphh.nv.gov/Reg/EMS/EMS-home/>

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician at the time the fingerprints are taken to ensure that all fields contain the required information needed for processing. *Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.*

*REQUIRED

Applicant Information:

*Name (Last, First, MI): _____

*Address: _____

*City, State, Zip: _____

*Date of Birth: _____ *Place of Birth: _____

*SSN: _____ *Citizenship: _____

*Sex: Male Female *Race: White Black Hispanic Other
*Height: 5'0" 5'1" 5'2" 5'3" 5'4" 5'5" 5'6" 5'7" 5'8" 5'9" 5'10" 5'11" 6'0"
*Weight: 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300
*Eyes: Blue Green Brown Grey Other
*Hair: Black Brown Red Grey Other

Authorized Entity Information:

Account No. (MNU): 880485 ORI: NV920716Z Reason Fingerprinted: NRS450B.800

Fingerprint Site Information:

Fingerprint technician please ensure that you see a government issued photo ID for identity verification purposes prior to fingerprinting and return form to the applicant when completed. **Please ensure all fields are completed.**

*Did Applicant Pay \$40.25 Processing Fee? Yes | No (circle one) *Type of Fingerprint Submission: Fingerprint Cards | LiveScan (circle one)

*Signature of Official Taking Prints: _____ *Date: _____

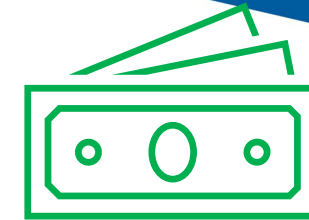
*TCN No. (used for tracking purposes): _____

*Agency/Organization/Business: _____



This is the required Background Fingerprint Request Form. Fill out the upper section under Applicant Information

*****Ensure that when your fingerprints are complete the fingerprint technician completes all fields in the lower section, and you have a TCN number.**



DPS Background Fee:

- The Nevada Department of Public Safety (DPS) charges its own fee of \$40.25 to process your background.
- If you complete your fingerprints at a private vendor, they will likely charge the fee at the time the fingerprints are taken
- If you complete your fingerprints at a local law enforcement office or out of state, you will likely not be charged the fee upfront, and it will be added to your fees at checkout for the application.

DPS Background Check (cont.)



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▼ Background Check Attestation and Signature

I attest that all the information I have provided regarding my DPS background check is truthful and accurate. If any information regarding my background check is incorrect, I understand my application may be delayed or denied.

*Background Check Attestation Signature

Username:

Password:

*DPS Background Check Attestation Date

▼ Criminal History

*Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?

Yes

No

*Have you ever been convicted of a felony or misdemeanor other than a traffic violation?

Yes

No

*Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?

Yes

No

This is the last section for the background check, input your password and select today's date for the attestation. This is you acknowledging that you are submitting truthful information.

Then, complete the criminal history questions.

*****If you select yes to any of the questions you will be required to add supporting information.**

Fingerprint Waiver



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Position Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Ri >

▼ Fingerprint Background Waiver

FINGERPRINT BACKGROUND WAIVER

1. You must be notified by the Emergency Medical Systems Program, of the Nevada Division of Public and Behavioral Health, that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefits for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:
16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by the agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedures or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize the Emergency Medical Systems Program, of the Nevada Division of Public and Behavioral Health, to submit a set of my fingerprints to the Nevada Department of Public Safety Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legation, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infingement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. have signed this release voluntarily and of my own free will.
A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.
In consideration for processing my application, I, the undersigned, whose name and signature is voluntarily appears below, do hereby and irrevocably agree to the above.

*Signature

Username:

Password:

*Date

mm/dd/yyyy Today

This tab is a waiver for the fingerprint and background required to become certified. Read through and use your password to sign the waiver.

Put today's date in the field.

Regulation & Licensing Attestation



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

State of Nevada Required DPS Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6

Regulation Attestation

NRS 450B.100 Certification and authority of emergency medical technicians, advanced emergency medical technicians and paramedics; maintenance of central registry of certificates issued; regulations. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

- Any person desiring certification as an emergency medical technician, advanced emergency medical technician or paramedic must apply to the health authority using forms prescribed by the health authority.
- The health authority, pursuant to regulations and procedures adopted by the board, shall make a determination of the applicant's qualifications to be certified as an emergency medical technician, advanced emergency medical technician or paramedic and shall issue the appropriate certificate to each qualified applicant.
- A certificate is valid for a period not exceeding 2 years and may be renewed if the holder of the certificate complies with the provisions of this chapter and meets the qualifications set forth in the regulations and standards established by the board pursuant to this chapter. The regulations and standards established by the board must provide for the completion of a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:
 - An overview of acts of terrorism and weapons of mass destruction;
 - Personal protective equipment required for acts of terrorism;
 - Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
 - Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
 - An overview of the information available on, and the use of, the Health Alert Network. The board may thereafter determine whether to establish regulations and standards requiring additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.
- The health authority may suspend or revoke a certificate if it finds that the holder of the certificate no longer meets the prescribed qualifications. Unless the certificate is suspended by the district court pursuant to NRS 425.540, the holder of the certificate may appeal the suspension or revocation of his or her certificate pursuant to regulations adopted by the board.
- The board shall determine the procedures and techniques which may be performed by an emergency medical technician, advanced emergency medical technician or paramedic.
- A certificate issued pursuant to this section is valid throughout the State, whether issued by the Division or a district board of health.
- The Division shall maintain a central registry of all certificates issued pursuant to this section, whether issued by the Division or a district board of health.
- The board shall adopt such regulations as are necessary to carry out the provisions of this section.
- As used in this section:
 - "Act of terrorism" has the meaning ascribed to it in NRS 202.4415.
 - "Biological agent" has the meaning ascribed to it in NRS 202.442.
 - "Chemical agent" has the meaning ascribed to it in NRS 202.4425.
 - "Radioactive agent" has the meaning ascribed to it in NRS 202.4437.
 - "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445.
(Added to NRS by 1973, 1143, A 1977, 70; 1981, 279; 1985, 1991, 1916, 1993, 2831; 1995, 2548, 1997, 2056; 2003, 2953; 2005, 2471; 2013, 940)

I have read and understand the requirement set forth in NRS 450B.100

*Signature

Username:

Password:

*Date

mm/dd/yyyy

This tab is an attestation that you understand the regulations governing certification in Nevada. Please read and use your password to sign.

Put today's date in the field.

Licensing Attestation

I acknowledge that I cannot provide patient care in Nevada for a Nevada EMS/Fire service if I do not hold a valid ambulance or air-ambulance attendant license.

*Signature

Username:

Password:

*Date

mm/dd/yyyy

This is an attestation stating you do not currently hold an ambulance attendant license.

Use your password to sign and put today's date in the field.



Signature and Submission

Initial Certification Application

< Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6 **Signature and Submission Page - 6 of 6** >

Signature

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

All fee's paid are final and non-refundable.

***Signature of Applicant**

Username:

Password:

***Date of Applicant's Submission (must be today's date)**

This last tab is a certification for the application. Please read and use your signature to sign. Put today's date in the field.

*****Once you sign this section and submit you will not be able to go back and make changes. Please ensure that everything is complete, and the application is finished.**

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a white scooter. She is wearing a white polo shirt and dark pants. Behind her, a woman in a striped shirt is pushing a stroller, and a man in a dark polo shirt is walking to the left. The background shows trees and a house.

Reciprocal Certification Application



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Demographics information



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Nevada State EMS Licensing Online Application Portal

My Account Logout

Applications

- Continue
- Checkout 1
- Transaction
- History

Education

Services

Lookup

Initial Certification Application

< Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check >

▼ Applicant Demographic Information

*First Name
[Redacted]

Middle Name
[Redacted]

*Last Name
[Redacted]

*Street 1
[Redacted]

*Postal Code
[Redacted] Lookup

*State
Nevada

*City
Reno

*Birth Date
[Redacted] Today

*SSN
[Redacted] Show

The first page will be your demographic information. Make sure you review each line and check for accuracy.

Demographics (cont.)

*Upload a copy of the front side of your drivers license

Name
Drivers License

Description

Document Type
Drivers License

***Make sure the copy of your drivers license is clear and contains the whole front of the card.

There are two parts to pay special attention too on the first page: the drivers license upload and the child support compliance question.

Statement Of Child Support Compliance

Statement of child support compliance

Select one of the following categories:

- 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.

***If you have questions about this please contact our office.

Certification level and Education Documents



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Reciprocal Certification Application Form

Demographics Certification level and supporting EMS cards State of Nevada Required DPS Background Check Criminal History F > v

▼ Certification level and supporting EMS cards

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

Please read the [Reciprocal Application Instructions](#) before completing this application

*In order to receive a State of Nevada EMS certification, you must meet one of the following NAC 450B.363 requirements:

- Is a resident of Nevada.
- Will be a Resident of Nevada within 6 months after applying for certification.
- Is a resident of another state and is employed by a service that has been issued a permit in Nevada.
- Is attending a course of training held in this State and approved by the Division.

*Application Type

| | Reciprocity |
|--------------|-----------------------|
| EMR | <input type="radio"/> |
| EMT | <input type="radio"/> |
| Advanced EMT | <input type="radio"/> |
| Paramedic | <input type="radio"/> |

The next tab makes sure you meet the requirements for reciprocal certification. Select the one that fits your situation. Next, select the level of certification. For this example, we will use the Paramedic level.

*****For other levels follow the same process and upload only what is needed**


*****Take the time to read these instructions as well, it will help you understand what you need to do.**

Certification level and Education Documents (cont.)


*In order to receive a State of Nevada EMS certification, you must meet one of the following NAC 450B.363 requirements:

- Is a resident of Nevada.
- Will be a Resident of Nevada within 6 months after applying for certification.
- Is a resident of another state and is employed by a service that has been issued a permit in Nevada.
- Is attending a course of training held in this State and approved by the Division.


*Are you currently employed by a Nevada EMS or Fire service?

- Yes  **Have you been hired by an EMS agency? If you select yes, you must put the name of the service.**
- No

*Service **If the service does not appear, they are currently not permitted.**


Select Service **Contact the EMS office if you have questions.** 

Primary Service

- Yes  **Is the service you listed your primary service?**
- No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

*Are you applying for an ambulance attendant or air ambulance attendant license with your primary service? (If you will be providing patient care in Nevada with a Nevada EMS/Fire service, you are required to hold a valid ambulance or air-ambulance attendant license)

- Yes  **If you need an ambulance attendant license, select yes here. Make sure you select Ambulance Attendant in the drop down below.**
- No

*EMT License Type

Ambulance Attendant 

If you selected that you are a resident of Nevada, the following questions will appear.

Certification level and Education Documents



*In order to receive a State of Nevada EMS certification, you must meet one of the following NAC 450B.363 requirements:

- Is a resident of Nevada.
- Will be a Resident of Nevada within 6 months after applying for certification.
- Is a resident of another state and is employed by a service that has been issued a permit in Nevada.
- Is attending a course of training held in this State and approved by the Division.

*Are you currently employed by a Nevada EMS or Fire service?

- Yes **← Have you been hired by an EMS agency? If you select yes, you must put the name of the service.**
- No

*Service **If the service does not appear, they are currently not permitted.**

Select Service **Contact the EMS office if you have questions.** ▼

Primary Service

- Yes **← Is the service you listed your primary service?**
- No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

*Are you applying for an ambulance attendant or air ambulance attendant license with your primary service? (If you will be providing patient care in Nevada with a Nevada EMS/Fire service, you are required to hold a valid ambulance or air-ambulance attendant license)

- Yes **← If you need an ambulance attendant license, select yes here. Make sure you select Ambulance Attendant in the drop down below.**
- No

*EMT License Type

Ambulance Attendant ▼

*Provide the city and date of your relocation. **← Enter the city that you are moving to and your expected arrival date**


If you selected that you will be a resident of Nevada within 6 months, the following questions will appear.

Certification level and Education Documents

*In order to receive a State of Nevada EMS certification, you must meet one of the following NAC 450B.363 requirements:


- Is a resident of Nevada.
- Will be a Resident of Nevada within 6 months after applying for certification.
- Is a resident of another state and is employed by a service that has been issued a permit in Nevada.
- Is attending a course of training held in this State and approved by the Division.

*Are you currently employed by a Nevada EMS or Fire service?

- Yes  **Have you been hired by an EMS agency? If you select yes, you must put the name of the service.**
- No


*Service

Primary Service

- Yes  **Is the service you listed your primary service?**
- No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

*Are you applying for an ambulance attendant or air ambulance attendant license with your primary service? (If you will be providing patient care in Nevada with a Nevada EMS/Fire service, you are required to hold a valid ambulance or air-ambulance attendant license)

- Yes  **If you need an ambulance attendant license, select yes here. Make sure you select Ambulance Attendant in the drop down below.**
- No

*EMT License Type

If you selected that you are a resident of another state and is employed by a service that is permitted in Nevada, the following questions will appear.

Certification level and Education Documents



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

*In order to receive a State of Nevada EMS certification, you must meet one of the following NAC 450B.363 requirements:

- Is a resident of Nevada.
- Will be a Resident of Nevada within 6 months after applying for certification.
- Is a resident of another state and is employed by a service that has been issued a permit in Nevada.
- Is attending a course of training held in this State and approved by the Division.

*Are you currently employed by a Nevada EMS or Fire service?

- Yes **← Have you been hired by an EMS agency? If you select yes, you must put the name of the service.**
- No

*Service

Primary Service

- Yes **← Is the service you listed your primary service?**
- No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

*Are you applying for an ambulance attendant or air ambulance attendant license with your primary service? (If you will be providing patient care in Nevada with a Nevada EMS/Fire service, you are required to hold a valid ambulance or air-ambulance attendant license)

- Yes **← If you need an ambulance attendant license, select yes here. Make sure you select Ambulance Attendant in the drop down below.**
- No

*EMT License Type

*What EMS course are you attending?

← Enter the details of the course that you are going to attend

If you selected that you will be attending a course of training held in Nevada, the following questions will appear.

Certification level and Education Documents



*Have you obtained or held any EMS credentials in another State?

Yes

No

*State

*Certification Level

*Certification Status

*Certification Issue Date

  Today

*Certification Expiration Date


  Today

*Upload a copy of your State EMS certification

Name

Description

Document Type

This next question is required for all reciprocal application types. Fill out all fields and upload a copy in the section provided. If you have multiple use the  button to add more.

*****You must list all previous certifications even if they are lapsed or no longer active**

Certification level and Education Documents



For each state where you hold or have held an EMS certification, you must complete an Out of State EMS Verification form. This form must be completed and submitted to the Nevada EMS Program by your State EMS licensing authorities.



VERIFICATION OF EMS LICENSE/CERTIFICATION FORM

Applicant- Complete the top portion of this form and forward it to each state or territory (not applicable to the National Registry) where you have been licensed, certified, or registered as an emergency medical services provider (make copies as necessary).

Section 1: Applicant information

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City/State/Zip: _____
 Original License/Certification number: _____
 Date issued: _____ (in the state to which the form is being forwarded)
 Type: Emergency Medical Technician Advanced Emergency Medical Technician Paramedic
 Signature: _____ Date: _____

TO BE COMPLETED BY VERIFYING AGENCY ONLY

Section 2: Verifying Organization: Please complete this section as fully as possible. The information you provide determine this individual's eligibility for Nevada EMS certification.
 I certify that the above-named individual was issued license/certificate number: _____
 License/Certificate Level: _____ Issued Date: _____ Expiration Date: _____

Does your agency currently require successful completion of a training program adhering to the United States Department of Transportation, National Highway Traffic Safety Administration National Standard Curriculum? YES NO If no, please provide a brief description of the requirements this individual completed for purposes of certification. (Separate document)

Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES NO If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Has the applicant been subject to a background check in your state? YES NO If yes, date of last background check: _____ Please provide the criteria utilized to conduct the applicants background check: _____

Name: _____ Signature: _____
 Title: _____ Name of Agency: _____
 Address: _____ City/State/Zip: _____
 Telephone Number: _____ Email: _____

Completed forms can be sent to the Nevada EMS Program by email: HealthEMS@health.nv.gov or fax: (775) 687-7595.

Verifying State

Seal

As part of the reciprocal application, for each state that you are/ have been certified with, you must complete the upper portion of this form and send to the certifying agency. Then they will need to send it directly to us when completed.

*****Our office cannot review your application until we have received all verification letters. Some agencies may take a long time to complete this step, sent it as early as possible to avoid delays.**

Certification level and Education Documents (cont.)

*Healthcare Provider CPR Expiration Date

  Today

*ACLS Expiration Date

  Today

*PALS Expiration Date

  Today

*ITLS/PHTLS Expiration Date

  Today

Next, input the expiration dates for your certifications.

*****Only Paramedic's requires ACLS, PALS, and ITLS/PHTLS**

Certification level and Education Documents (cont.)




NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

*Nevada EMS Providers are required to receive training for interacting with persons with developmental disabilities. Upload your Developmental Disability certificate of completion here:



Name

Document Type

If you have not completed your developmental disability training, you can complete it online for free by visiting : <https://velocityemstraining.com/shop/> 

*Pursuant to NRS 450B.180, Nevada EMS providers must complete Weapons of Mass Destruction (WMD) training. Upload your WMD certificate of completion here:



Name

Document Type

If you have not completed your Weapons of Mass Destruction training, you may complete it online for free by visiting: <https://teex.org/class/awr160/> 

The next section in the tab is required training for all EMS personnel in Nevada, [please upload the completion certificates in the appropriate locations.](#)

- Developmental disability training
- Weapons of Mass Destruction (WMD) Training

*****The training can be completed for free at the links provided.**

Certification level and Education Documents (cont.)

Supplemental Education

Reciprocal Paramedic : Pass

Level Total: 68.00 of 68.00
Flex Hours: 0.00 of

Required

Paramedic Reciprocity Requirements

| 68.00 Completed | 0.00 Remaining | Topic | Required | Completed | Remaining | |
|---|----------------|--|----------|-----------|-----------|---|
| <div style="width: 100%; height: 10px; background-color: #4a7ebb;"></div> | | ✓ > State Certifications and/or NREMT Certification Card | 40.00 | 40.00 | 0.00 | + |
| 68.00 Total Requirements | | ✓ > CPR Course | 4.00 | 4.00 | 0.00 | + |
| | | ✓ > Advanced Cardiac Life Support | 8.00 | 8.00 | 0.00 | + |
| | | ✓ > Pediatric Advanced Life Support | 8.00 | 8.00 | 0.00 | + |
| | | ✓ > ITLS or PHTLS | 8.00 | 8.00 | 0.00 | + |

Now you will upload supporting documentation for each required Section. Use the green circle to upload the documents. Make sure each document meets the requirements listed in the next few slides.

*****For each required document make sure to enter all the information required; such as actual course start date and completion date (NOT the issue and expiration date).**

Also add the corresponding hours completed for each requirement.

CPR Course

This must be your Healthcare Provider BLS CARD

*****Cards must show expiration date. Course must have hands on component to be accepted. First Aid (Heartsaver) is not accepted.**



DO

BASIC LIFE SUPPORT

BLS Provider

American Heart Association

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Renew By

Instructor Name

Instructor ID

eCard Code

Training Center City, State

Training Center Phone Number

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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American Heart Association
GUIDELINES 2015 CPR & ECC

Certificate

YOUR NAME
has successfully completed
HeartCode® BLS Online Portion

Hands-on skills practice and testing, either conducted by an authorized AHA BLS Instructor or using a voice-assisted manikin system, is required to receive a Basic Life Support Provider course completion card.

For greater success, it is recommended the hands-on skills session be conducted shortly after completing the online portion. Please take this certificate with you to your hands-on skills session.

This certificate does not constitute successful completion of the full Basic Life Support Provider Course.

SAMPLE055ABC September 20, 2016
Certificate Number Date Completed

HEARTSAVER

Heartsaver® First Aid CPR AED

American Heart Association

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:

Heartsaver Total CPR AED Only First Aid Only Child CPR AED Infant CPR Exam

Issue Date Renew By



DON'T

HEALTHCARE PROVIDER

Healthcare Provider

eMedCert
Electronic Medical Certification

YOUR NAME HERE

This card certifies the above listed individual has successfully completed the course requirements and cognitive evaluation in accordance with the Electronic Medical Certification (eMedCert) Basic Life Support (BLS) program curriculum.

01/01/24 01/01/26
Issue Date Suggested Renewal Date

ACLS, PALS, ITLS/PHTLS



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

This must be your Provider CARD

*****Cards must show expiration date. Course must have hands on component to be accepted.**



DO

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date Renew By eCard Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

ADVANCED CARDIOVASCULAR

ACLS Provider

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date Renew By eCard Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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NAEMT
National Association of
Emergency Medical Technicians
www.naemt.org

THIS ACKNOWLEDGES THAT

First and Last Name _____

Has successfully completed _____

NAEMT
National Association of
Emergency Medical Technicians

First and Last Name _____

Has successfully completed the
NAEMT Prehospital Trauma Life Support

ITLS
International Trauma Life Support

Certificate of Participation

has completed the
Advanced Provider Course

Renew By _____

Instructor Name _____

Instructor ID _____

eCard Code _____

QR Code _____

ITLS
International Trauma Life Support

Certificate of Participation

has completed the
Advanced Provider Course

Renew By _____

Instructor Name _____

Instructor ID _____

eCard Code _____

QR Code _____



DON'T

The Clinical Advisory Committee of the
American Association of Healthcare Professionals
at Boston, Massachusetts in the United States of America

ON THE NOMINATION OF THE INSTRUCTOR PANEL BELOW CERTIFIES THAT

Jon Doe

has demonstrated ability through the successful completion of the course

Advanced Cardiovascular Life Support

Issued Date: _____ Renewal Date: _____

Rick Kulkarni *Cyrus Yau*

Rick Kulkarni, MD, FACEP Cyrus Yau, MD, FACP
Course Instructor Course Editor

AHP
CERTIFIED

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

YOUR NAME HERE

This card certifies the above listed individual has successfully completed the course requirements and cognitive evaluation in accordance with the Electronic Medical Certification (eMedCert) Advanced Cardiovascular Life Support (ACLS) program curriculum.

01/01/23 **01/01/25**
Issue Date Suggested Renewal Date



NREMT Certification Card

This must be your NREMT CARD

*****Cards must show expiration date. Do not upload the certificate that you are awarded. Only the card.**



DO



DON'T

National Registry
Emergency Medical Technicians

Hereby Certifies
Your Name
as an

Emergency Medical Technician

duly registered together with all the rights and privileges appertaining thereto
in consideration of having satisfied the prescribed national standards for certification.
In Testimony Whereof, the seal of the National Registry of Emergency Medical Technicians
and signatures as authorized by the Board of Directors are hereunto affixed this
Sixteenth day of October, 2015 A.D.

Seamus B. [Signature]
Chairman of the Board



Seamus B. [Signature]
Executive Director

Ambulance Attendant Requirements



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Reciprocal Certification Application Form

< Demographics Certification level and supporting EMS cards **Ambulance Attendant Requirements** State of Nevada Required DPS Back >

▼ Ambulance Attendant Requirements

*Licensed Attendants must complete EVOC or CEVO training per NAC 450B.055 & NAC 450B.090. Upload your EVOC or CEVO certificate here:

⊕ Upload File

Name
Emergency Vehicle Operations Training

Document Type
Supporting Documents

*Upload a physician statement signed by a physician, PA, or an APRN.

⊕ Upload File

Name
Physician Statement

Document Type
Physician Statement

[The Physician Statement document can be found at: https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/Physician%20Statement%202010-2024.pdf](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/Physician%20Statement%202010-2024.pdf)

*Upload a copy of your Skills Verification signed by a Nevada EMS Instructor.

⊕ Upload File

Name
NV Skills Verification

Document Type
Skills Verification

[The Skills Verification document can be found at: https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/Nevada%20EMS%20Skills%20Verification%20Form%202010-2024.pdf](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/Nevada%20EMS%20Skills%20Verification%20Form%202010-2024.pdf)

The next tab will go over the requirements for the Ambulance Attendant License. If you are not applying for the license, this will not appear or apply to you. The next few slides will go over the specific requirements for each of the sections listed.

Use these buttons to upload the corresponding documents

If you need copies of the documents, they can be found here

EVOC/ CEVO

This needs to be your course completion certificate showing at what level you completed the training.

*****Must be a EVOC or CEVO course. No other course is accepted.**



DO



PROFESSIONAL DEVELOPMENT, TRAINING & EDUCATION

CERTIFICATE OF COMPLETION

PRESENTED TO

IN RECOGNITION OF SUCCESSFULLY COMPLETING THE 8 HOUR
 EMERGENCY VEHICLE OPERATOR & DEFENSIVE DRIVING
 INTERACTIVE TRAINING COURSE ENTITLED

CEVO 4: Ambulance

DATE OF COMPLETION

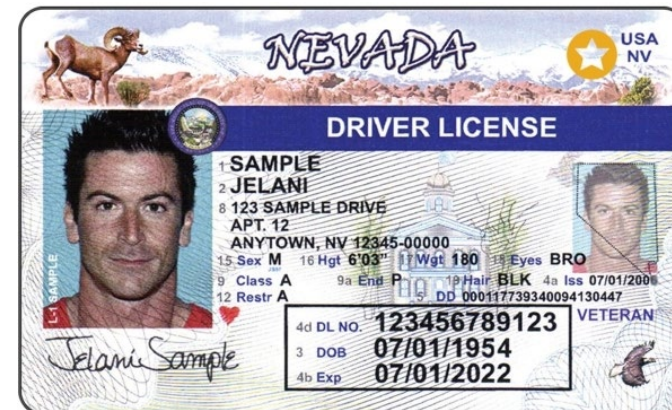
CERTIFICATE NUMBER: _____



Note: Your drivers license may be required for the application but cannot be placed in the EVOC/ CEVO course upload



DON'T



Physicians Statement



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

This form must be completed by a Physician, PA, or APRN. Please use our form to complete this step

*****This must be dated within the last year.**



DO



State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health
Emergency Medical Services Program

Physician Statement

This form is to be completed when applying for an initial attendant license or renewing an existing attendant license pursuant to NAC 450B.320.1(d). **Physician statements must be dated within 12-months of your application submission date.**

Date: _____
Provider Name: _____ NV EMS #: _____

Medical Provider Statement:

The above individual:

Is of sound physical and mental health, free from physical defects, and diseases that may impair their ability to drive or attend an ambulance, air ambulance, or agency vehicle.

Examiner Name: _____ Date: _____

Examiner Signature: _____ License #: _____

Physician: Physician Assistant: Advanced Practice Registered Nurse:



DON'T

ANNUAL PHYSICAL EXAMINATION FORM
Please complete all information to avoid return visits.

Part One: TO BE COMPLETED PRIOR TO MEDICAL APPOINTMENT

Name: _____ Date of Exam: _____
Address: _____ SSN: _____
Date of Birth: _____
Sex: Male Female Name of Accompanying Person: _____

DIAGNOSES/SIGNIFICANT HEALTH CONDITIONS: (Include a Medical History Summary and Chronic Health Problems List, if available)

| Medication Name | Dose | Frequency | Diagnosis | Prescribing Physician Specialty | Date Medication Prescribed |
|-----------------|------|-----------|-----------|---------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CURRENT MEDICATIONS: (Attach a second page if needed)

Does the person take medications independently? Yes No
Allergies/Sensitivities: _____
Contraindicated Medication: _____

IMMUNIZATIONS:
Tetanus/Diphtheria (every 10 years): / / Type administered: _____
Hepatitis B: #1 / / #2 / / #3 / /
Influenza (Flu): / /
Pneumovac: / /
Other (specify): _____

TUBERCULOSIS (Tb) SCREENING: (every 2 years by Mantoux method; if positive initial chest x-ray should be done)
Date given: _____ Date read: _____ Results: _____
Chest x-ray (date): _____ Results: _____

Is the person free of communicable diseases? Yes No (If no, list specific precautions to prevent the spread of disease to others)

OTHER MEDICAL/LAB/DIAGNOSTIC TESTS:

GYN exam w/PAP: Date: _____ Results: _____
(women over age 18)
Mammogram: Date: _____ Results: _____
(every 2 years: women ages 40-49; yearly for women 50 and over)
Prostate Exam: Date: _____ Results: _____
(digital method-males 40 and over)
Hemocult: Date: _____ Results: _____
Urinalysis: Date: _____ Results: _____
CBC/Differential: Date: _____ Results: _____
Hepatitis B Screening: Date: _____ Results: _____
PSA: Date: _____ Results: _____
Other (specify): _____ Date: _____ Results: _____
Other (specify): _____ Date: _____ Results: _____

HOSPITALIZATIONS/SURGICAL PROCEDURES:

| Date | Reason | Date | Reason |
|------|--------|------|--------|
| | | | |
| | | | |



Skills Verification

This form ensures that you are competent in your EMS skills. Please use our form to complete this step.

*****Only a Nevada EMS instructor or a Medical Director can sign off your skills.**



DO

Provider Name _____
 *NV EMS Certification # _____



EMT/AEMT/PARAMEDIC applicants must provide proof of skills retention at their respective certification levels. NAC 450B 380. Skill evaluations must be a Nevada qualified EMS instructor or Medical Director. Skills verifications must be dated within 12 months.

Section 1: EMT skills. To be completed by all EMTs, AEMTs and Paramedics.

| Skill | Date | PC | Pass | Fail | Instructor name and EMS number | Instructor Signature |
|--|------|-----------|------|------|--------------------------------|----------------------|
| Airway Management | | Adult | | | | |
| | | Pediatric | | | | |
| Oxygen Administration | | Adult | | | | |
| | | Pediatric | | | | |
| (Semi) Automatic External Defibrillator | | Adult | | | | |
| | | Pediatric | | | | |
| Patient Assessment | | Medical | | | | |
| | | Trauma | | | | |
| Bleeding Control/Shock Management | | Adult | | | | |
| Spinal Motion Restriction - Longboard and/or KED | | Adult | | | | |
| Immobilization (Owe, Joint, Traction, HARG, and w/ Suge) | | Adult | | | | |

Section 2: AEMT skills. To be completed by all AEMTs and Paramedics.

| Skill | Date | PC | Pass | Fail | Evaluator name and EMS number | Evaluator Signature |
|---------------------------------------|------|-----------|------|------|-------------------------------|---------------------|
| Supraglottic Airway Adjunct Insertion | | Adult | | | | |
| | | Pediatric | | | | |
| SOXIM Medication Administration | | Adult | | | | |
| IV Insertion & Fluid Administration | | Adult | | | | |
| | | Pediatric | | | | |
| IV Medication Administration | | Adult | | | | |
| | | Pediatric | | | | |
| IO Insertion & Fluid Infusion | | Adult | | | | |
| | | Pediatric | | | | |

Section 3: Paramedic skills. To be completed by all Paramedics.

| Skill | Date | PC | Pass | Fail | Evaluator name and EMS Number | Evaluator Signature |
|------------------------------|------|-----------|------|------|-------------------------------|---------------------|
| Endotracheal Intubation | | Adult | | | | |
| | | Pediatric | | | | |
| Cardiac Arrest Management | | Adult | | | | |
| | | Adult | | | | |
| Pleural Chest Decompression | | Adult | | | | |
| | | Adult | | | | |
| NG Tube | | Adult | | | | |
| Percutaneous Cholecystostomy | | Adult | | | | |
| CPAP | | Adult | | | | |

EMERGENCY MEDICAL TECHNICIAN (EMT) PSYCHOMOTOR SKILLS EXAMINATION REPORT

INSTRUCTIONS: 1. Please type or print clearly.
2. Candidates must read and sign where indicated before examination begins.

| REGISTRANT INFORMATION | | | |
|--|---------------|--|--|
| Course number | | | |
| Name (last, first, middle initial) | | Public Safety Identification (PSID) number | |
| Address (number and street, city, state, and ZIP code) | | | |
| Date of birth (month, day, year) | Email address | Telephone number () | |
| Name of training institution | | Examination site | |

| EXAMINATION RESULTS | | | |
|---------------------|--|---|---|
| | Date of examination (month, day, year): | Initial: | Retest number: |
| Section 1 | Patient Assessment / Management - Trauma | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Section 2 | Patient Assessment / Management - Medical | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Section 3 | Cardiac Arrest Management / AED | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Section 4 | BVM Ventilation of an Apneic Adult Patient | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Section 5 | Supraglottic Airway Device | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Section 6 | Spinal Immobilization (Supine) | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Section 7 | Bleeding Control / Shock Management | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

- PRACTICAL SKILLS EXAMINATION PASS / FAIL CRITERIA**
- Candidates failing three (3) or fewer stations may re-test the skill(s) failed on the same day of the examination.
 - Candidates failing a same day re-test must re-test those failed skills on a different day with a different examiner.
 - Candidates failing a single skill three (3) times, or fails four (4) or more stations constitutes failure of the practical skills examination.
 - Candidates who fail the Practical Skills Examination may re-test the entire examination only after documented remedial training.
 - Candidates who must take the entire Practical Skills Examination a second time, items 1-3 above apply.
 - Failure to pass the Practical Skills Examination a second time constitutes failure of the Practical Skills Examination and requires the candidate to take the entire EMT Training Program over.
Test results announced on the day of the examination are **PRELIMINARY AND UNOFFICIAL**. Results are not final until reviewed by Indiana Department of Homeland Security Certifications staff. The Candidate will be notified by mail in the event the preliminary results of the examination ARE NOT upheld upon review.

EMERGENCY MEDICAL SERVICES REGISTRANT SIGNATURE

By my signature below, I acknowledge that I have read and understand the Pass / Fail testing criteria listed in items 1-7 above.

Signature of EMT candidate _____ Date (month, day, year) _____

State representative comments: _____

Signature of representative _____ Date (month, day, year) _____

FOR OFFICE USE ONLY

Pass Fail Staff initials _____ Date (month, day, year) _____



DON'T

DPS Background Check



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Demographic Information - 1 of 6

Certification Level and Education Documents - 2 of 6

State of Nevada Required DPS Background Check >



▼ State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. **If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.**

The approved legislation can be found here:

R105-22AP

If you completed a DPS background check for this application, select the No option below.

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

Yes  I have already completed a background for the state EMS office, and it has not expired

No  I have not completed a background for the state EMS office and/or I have just completed one for this application.

This next tab is for the background requirement for certification. It must be completed to get certified.

*****It is required every 6 years. Backgrounds completed for any other organization cannot be accepted as the EMS office cannot receive the results. You must complete a separate background.**

DPS Background Check (cont.)

Initial Certification Application

Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check

State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. **If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.**



The approved legislation can be found here:
R105-22AP

If you completed a DPS background check for this application, select the No option below.

**Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)

Yes
 No

*Date of last DPS background check with the Nevada EMS Program (date must be within 6-years)

mm/dd/yyyy  Today 

If you have completed one in the last 6 years you will need to put the date of the last time it was completed [here](#).

*****Backgrounds for any other organization are not accepted.**

DPS Background Check (cont.)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

- Yes
 No

All providers applying for their initial EMS certification are required to complete a Department of Public Safety background check pursuant to NAC 450B every 6-years. Complete the following section and resubmit a DPS background check to the Nevada EMS Program.

***How are submitting your DPS background check to the Nevada EMS Program?**

- Fingerprint cards (Out of State Providers) **← This is for out of state providers, you will receive a fingerprint card and mail it into our office.**
- LiveScan by local law enforcement **← This is for in state providers who complete electronic fingerprints by local law enforcement**
- Fingerprint Express or another outside vendor (paid the \$40.25 DPS background check processing fee)

← This is for in state providers who go to a private vendor to complete fingerprints.

Background Check Tracking Number: **← [Once you complete your fingerprints, place the tracking number \(TCN\) here.](#)**

***Fingerprint Request Document Upload**

← [Upload the completed Background Check Request Form here](#)

Name

Description

Document Type

If you select no, it will bring up this next section. You will fill out how you have/ are completing your background. Then, upload your completed Background Check Request Form

*****You must use the State of Nevada EMS Background check Request Form to complete your fingerprints. If you do not, we will not receive your results.**⁴⁶



DPS Background Check (cont.)



EMERGENCY MEDICAL SYSTEMS
4126 Technology Way, Ste 100
Carson City, Nevada 89706
Telephone (775) 687-7590 • Fax (775) 687-7595
<http://dphh.nv.gov/Reg/EMS/EMS-home/>

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician at the time the fingerprints are taken to ensure that all fields contain the required information needed for processing. Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.

*REQUIRED

Applicant Information:

*Name (Last, First, MI): _____

*Address: _____

*City, State, Zip: _____

*Date of Birth: _____ *Place of Birth: _____

*SSN: _____ *Citizenship: _____

*Sex: _____ *Race: _____ *Height: _____ *Weight: _____ *Eyes: _____ *Hair: _____

Authorized Entity Information:

Account No. (MNU): 880485 ORI: NV920716Z Reason Fingerprinted: NRS450B.800

Fingerprint Site Information:

Fingerprint technician please ensure that you see a government issued photo ID for identity verification purposes prior to fingerprinting and return form to the applicant when completed. **Please ensure all fields are completed.**

*Did Applicant Pay \$40.25 Processing Fee? Yes | No (circle one) *Type of Fingerprint Submission: Fingerprint Cards | LiveScan (circle one)

*Signature of Official Taking Prints: _____ *Date: _____

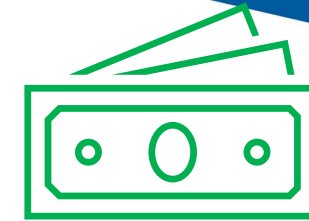
*TCN No. (used for tracking purposes): _____

*Agency/Organization/Business: _____



This is the required Background Fingerprint Request Form. Fill out the upper section under Applicant Information

*****Ensure that when your fingerprints are complete the fingerprint technician completes all fields in the lower section, and you have a TCN number.**



DPS Background Fee:

- The Nevada Department of Public Safety (DPS) charges its own fee of \$40.25 to process your background.
- If you complete your fingerprints at a private vendor, they will likely charge the fee at the time the fingerprints are taken
- If you complete your fingerprints at a local law enforcement office or out of state, you will likely not be charged the fee upfront, and it will be added to your fees at checkout for the application.

DPS Background Check (cont.)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

▼ Background Check Attestation and Signature

I attest that all the information I have provided regarding my DPS background check is truthful and accurate. If any information regarding my background check is incorrect, I understand my application may be delayed or denied.

*Background Check Attestation Signature

Username:

Password:

*DPS Background Check Attestation Date

▼ Criminal History

*Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?

Yes

No

*Have you ever been convicted of a felony or misdemeanor other than a traffic violation?

Yes

No

*Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?

Yes

No

This is the last section for the background check, input your password and select today's date for the attestation. This is you acknowledging that you are submitting truthful information.

The next tab will be the criminal history questions shown here.

*****If you select yes to any of the questions you will be required to add supporting information.**

Fingerprint Waiver



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Position Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Ri >

▼ Fingerprint Background Waiver

FINGERPRINT BACKGROUND WAIVER

1. You must be notified by the Emergency Medical Systems Program, of the Nevada Division of Public and Behavioral Health, that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefits for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:
16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by the agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedures or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize the Emergency Medical Systems Program, of the Nevada Division of Public and Behavioral Health, to submit a set of my fingerprints to the Nevada Department of Public Safety Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legislation, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infirmity(ies) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures, have signed this release voluntarily and of my own free will.
A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.
In consideration for processing my application, I, the undersigned, whose name and signature is voluntarily appears below, do hereby and irrevocably agree to the above.

*Signature

Username:

Password:

*Date

mm/dd/yyyy Today

This tab is a waiver for the fingerprint and background required to become certified. Read through and use your password to sign the waiver.

Put today's date in the field.

Signature and Submission



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6 **Signature and Submission Page - 6 of 6** >

Signature

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

All fee's paid are final and non-refundable.

***Signature of Applicant**

Username:

Password:

***Date of Applicant's Submission (must be today's date)**

This last tab is a certification for the application. Please read and use your signature to sign. Put today's date in the field.

*****Once you sign this section and submit you will not be able to go back and make changes. Please ensure that everything is complete, and the application is finished.**

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a white tricycle. She is wearing a white polo shirt and dark pants. Behind her, a man and a woman are walking and talking. The man is on the left, and the woman is in the middle. They are in a park-like setting with trees and a fence in the background.

Ambulance Attendant License Application



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Demographics

Ambulance Attendant License Application

Applicant Demographics - 1 of 5 Attendant License Requirements - 2 of 5 State of Nevada Required DPS Background Check - 3 of 5

Applicant Demographics

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

*Current Level

EMT

Advanced EMT

Paramedic

*Please check the following for fee calculation

Initial Attendant Application

Renewal Attendant Application

*EMT License Type

Ambulance Attendant

*First Name

██████████

Middle Name

██████████

*Last Name

██████████

Select the current level of your certification. You cannot hold an Ambulance Attendant license without being certified first

Mark if this is your initial license or if you are renewing it.

Make sure to select Ambulance Attendant in the drop down.

The first page will be your demographic information. Make sure you review each line and check for accuracy.

Demographics (cont.)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

▼ Statement Of Child Support Compliance

Statement of child support compliance

Select one of the following categories:

*****If you have questions about this please contact our office.**

- 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.

Pay special attention to this section on the first page: the child support compliance question. Make sure it is filled out before moving on.



Ambulance Attendant Requirements

Reciprocal Certification Application Form

< Demographics Certification level and supporting EMS cards **Ambulance Attendant Requirements** State of Nevada Required DPS Back >

▼ Ambulance Attendant Requirements



*Licensed Attendants must complete EVOC or CEVO training per NAC 450B.055 & NAC 450B.090. Upload your EVOC or CEVO certificate here:

Name
Emergency Vehicle Operations Training


Document Type
Supporting Documents

*Upload a physician statement signed by a physician, PA, or an APRN.



 

Name
Physician Statement

Document Type
Physician Statement


[The Physician Statement document can be found at: https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/Physician%20Statement%202010-2024.pdf](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/Physician%20Statement%202010-2024.pdf) 

*Upload a copy of your Skills Verification signed by a Nevada EMS Instructor.

Name
NV Skills Verification

Document Type
Skills Verification

[The Skills Verification document can be found at: https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/NV%20Skills%20Verification%20Form%202010-2024.pdf](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/2024/01/15/NV%20Skills%20Verification%20Form%202010-2024.pdf) 

The next tab will go over the requirements for the Ambulance Attendant License. If you are not applying for the license, this will not appear or apply to you. The next few slides will go over the specific requirements for each of the sections listed.

Use these buttons to upload the corresponding documents

If you need copies of the documents, they can be found here

EVOC/ CEVO

This needs to be your course completion certificate showing at what level you completed the training.

*****Must be a EVOC or CEVO course. No other course is accepted.**



DO


PROFESSIONAL DEVELOPMENT, TRAINING & EDUCATION

CERTIFICATE OF COMPLETION

PRESENTED TO
[REDACTED]

IN RECOGNITION OF SUCCESSFULLY COMPLETING THE 8 HOUR
EMERGENCY VEHICLE OPERATOR & DEFENSIVE DRIVING
INTERACTIVE TRAINING COURSE ENTITLED
CEVO 4: Ambulance
DATE OF COMPLETION
[REDACTED]

CERTIFICATE NUMBER: [REDACTED]

 COACHING SYSTEMS

**Reno Fire Department Emergency Vehicle
Operations Course (8-hour)**

CERTIFICATE OF COMPLETION
This is to acknowledge that

[REDACTED]

has participated and completed a 8 - hour Emergency Vehicle Operations Course (EVOC) with
the Reno Fire Department to include both classroom and practical instruction.

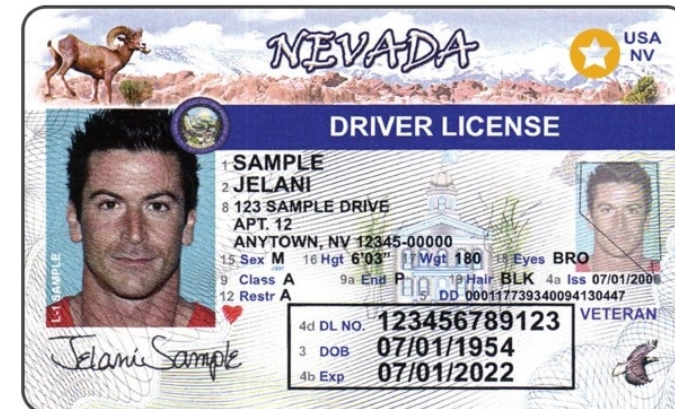
[REDACTED] [REDACTED]
Division Chief Date of Training

Reno Fire Department

Note: Your drivers license may be required for the application but cannot be placed in the EVOC/ CEVO course upload



DON'T





Physicians Statement

This form must be completed by a Physician, PA, or APRN. Please use our form to complete this step

*****This must be dated within the last year.**



DO



State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health
Emergency Medical Services Program

Physician Statement

This form is to be completed when applying for an initial attendant license or renewing an existing attendant license pursuant to NAC 450B.320.1(d). **Physician statements must be dated within 12-months of your application submission date.**

Date: _____
Provider Name: _____ NV EMS #: _____

Medical Provider Statement:

The above individual:

Is of sound physical and mental health, free from physical defects, and diseases that may impair their ability to drive or attend an ambulance, air ambulance, or agency vehicle.

Examiner Name: _____ Date: _____

Examiner Signature: _____ License #: _____

Physician: Physician Assistant: Advanced Practice Registered Nurse:



DON'T

ANNUAL PHYSICAL EXAMINATION FORM

Please complete all information to avoid return visits.

Part One: TO BE COMPLETED PRIOR TO MEDICAL APPOINTMENT

Name: _____ Date of Exam: _____
Address: _____ SSN: _____
Date of Birth: _____
Sex: Male Female Name of Accompanying Person: _____

DIAGNOSES/SIGNIFICANT HEALTH CONDITIONS: (Include a Medical History Summary and Chronic Health Problems List, if available)

CURRENT MEDICATIONS: (Attach a second page if needed)

| Medication Name | Dose | Frequency | Diagnosis | Prescribing Physician Specialty | Date Medication Prescribed |
|-----------------|------|-----------|-----------|---------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Does the person take medications independently? Yes No

Allergies/Sensitivities: _____

Contraindicated Medication: _____

IMMUNIZATIONS:

Tetanus/Diphtheria (every 10 years): / / Type administered: _____
Hepatitis B: #1 / / #2 / / #3 / /
Influenza (Flu): / /
Pneumovac: / /
Other (specify): _____

TUBERCULOSIS (Tb) SCREENING: (every 2 years by Mantoux method; if positive initial chest x-ray should be done)

Date given: _____ Date read: _____ Results: _____
Chest x-ray (date): _____ Results: _____

Is the person free of communicable diseases? Yes No (If no, list specific precautions to prevent the spread of disease to others)

OTHER MEDICAL/LAB/DIAGNOSTIC TESTS:

GYN exam w/PAP: _____ Date: _____ Results: _____
(women over age 18)
Mammogram: _____ Date: _____ Results: _____
(every 2 years: women ages 40-49; yearly for women 50 and over)
Prostate Exam: _____ Date: _____ Results: _____
(digital method-males 40 and over)
Hemocult: _____ Date: _____ Results: _____
Urinalysis: _____ Date: _____ Results: _____
CBC/Differential: _____ Date: _____ Results: _____
Hepatitis B Screening: _____ Date: _____ Results: _____
PSA: _____ Date: _____ Results: _____
Other (specify): _____ Date: _____ Results: _____
Other (specify): _____ Date: _____ Results: _____

HOSPITALIZATIONS/SURGICAL PROCEDURES:

| Date | Reason | Date | Reason |
|------|--------|------|--------|
| | | | |
| | | | |

Skills Verification



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

This form ensures that you are competent in your EMS skills. Please use our form to complete this step.

*****Only a Nevada EMS instructor or a Medical Director can sign off your skills.**



DO

Provider Name _____
 *NV EMS Certification # _____



EMT/AEMT/PARAMEDIC applicants must provide proof of skills retention at their respective certification levels. NAC 450B 380. Skill evaluators must be a Nevada qualified EMS instructor or Medical Director. Skills verifications must be dated within 12 months.

Section 1: EMT skills. To be completed by all EMTs, AEMTs and Paramedics.

| Skill | Date | PL | Pass | Fail | Instructor name and EMS number | Instructor Signature |
|--|------|-----------|------|------|--------------------------------|----------------------|
| Airway Management | | Adult | | | | |
| | | Pediatric | | | | |
| Oxygen Administration | | Adult | | | | |
| | | Pediatric | | | | |
| (Semi) Automatic External Defibrillator | | Adult | | | | |
| | | Pediatric | | | | |
| Patient Assessment | | Medical | | | | |
| | | Trauma | | | | |
| Bleeding Control/Shock Management | | Adult | | | | |
| | | Pediatric | | | | |
| Spinal Motion Restriction - Longboard and/or KED | | Adult | | | | |
| | | Pediatric | | | | |
| Immobilization (Owe, Joint, Traction, HARG, and w/ Suge) | | Adult | | | | |
| | | Pediatric | | | | |

Section 2: AEMT skills. To be completed by all AEMTs and Paramedics.

| Skill | Date | PL | Pass | Fail | Evaluator name and EMS number | Evaluator Signature |
|---------------------------------------|------|-----------|------|------|-------------------------------|---------------------|
| Supraglottic Airway Adjunct Insertion | | Adult | | | | |
| | | Pediatric | | | | |
| SQDM Medication Administration | | Adult | | | | |
| | | Pediatric | | | | |
| IV Insertion & Fluid Administration | | Adult | | | | |
| | | Pediatric | | | | |
| IV Medication Administration | | Adult | | | | |
| | | Pediatric | | | | |
| I/O Insertion & Fluid Infusion | | Adult | | | | |
| | | Pediatric | | | | |

Section 3: Paramedic skills. To be completed by all Paramedics.

| Skill | Date | PL | Pass | Fail | Evaluator name and EMS Number | Evaluator Signature |
|--------------------------------|------|-----------|------|------|-------------------------------|---------------------|
| Endotracheal Intubation | | Adult | | | | |
| | | Pediatric | | | | |
| Cardiac Arrest Management | | Adult | | | | |
| | | Pediatric | | | | |
| Cardiac Dysrhythmia Management | | Adult | | | | |
| | | Pediatric | | | | |
| Pleural Chest Decompression | | Adult | | | | |
| | | Pediatric | | | | |
| NG Tube | | Adult | | | | |
| | | Pediatric | | | | |
| Percutaneous Cholecystostomy | | Adult | | | | |
| | | Pediatric | | | | |
| CPAP | | Adult | | | | |
| | | Pediatric | | | | |

EMERGENCY MEDICAL TECHNICIAN (EMT) PSYCHOMOTOR SKILLS EXAMINATION REPORT

INSTRUCTIONS: 1. Please type or print clearly.
 2. Candidates must read and sign where indicated before examination begins.

| REGISTRANT INFORMATION | | | |
|--|---------------|--|--|
| Course number | | | |
| Name (last, first, middle initial) | | Public Safety Identification (PSID) number | |
| Address (number and street, city, state, and ZIP code) | | | |
| Date of birth (month, day, year) | Email address | Telephone number () | |
| Name of training institution | | Examination site | |

| EXAMINATION RESULTS | | | |
|--|---|-------------------------------|-------------------------------|
| Date of examination (month, day, year): | Initial: | Retest number: | |
| Section 1 Patient Assessment / Management - Trauma | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Section 2 Patient Assessment / Management - Medical | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Section 3 Cardiac Arrest Management / AED | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Section 4 BVM Ventilation of an Apneic Adult Patient | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Section 5 Supraglottic Airway Device | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Section 6 Spinal Immobilization (Supine) | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Section 7 Bleeding Control / Shock Management | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

- PRACTICAL SKILLS EXAMINATION PASS / FAIL CRITERIA**
- Candidates failing three (3) or fewer stations may re-test the skill(s) failed on the same day of the examination.
 - Candidates failing a same day re-test must re-test those failed skills on a different day with a different examiner.
 - Candidates failing a single skill three (3) times, or fails four (4) or more stations constitutes failure of the practical skills examination.
 - Candidates who fail the Practical Skills Examination may re-test the entire examination only after documented remedial training.
 - Candidates who must take the entire Practical Skills Examination a second time, items 1-3 above apply.
 - Failure to pass the Practical Skills Examination a second time constitutes failure of the Practical Skills Examination and requires the candidate to take the entire EMT Training Program over.
 Test results announced on the day of the examination are **PRELIMINARY AND UNOFFICIAL**. Results are not final until reviewed by Indiana Department of Homeland Security Certifications staff. The Candidate will be notified by mail in the event the preliminary results of the examination ARE NOT upheld upon review.

EMERGENCY MEDICAL SERVICES REGISTRANT SIGNATURE

By my signature below, I acknowledge that I have read and understand the Pass / Fail testing criteria listed in items 1-7 above.

Signature of EMT candidate _____ Date (month, day, year) _____

State representative comments: _____

Signature of representative _____ Date (month, day, year) _____

FOR OFFICE USE ONLY

Pass Fail Staff initials _____ Date (month, day, year) _____



DON'T

Ambulance Attendant Requirements (cont.)

*Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?

Yes

No

*Have you ever been convicted of a felony or misdemeanor other than a traffic violation?

Yes

No

*Have you ever been licensed as a driver, attendant, attendant-driver or air attendant?

Yes

No

*Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?

Yes

No

The next section will be the questions shown here.

*****You may be required to add supporting information, please make sure provide complete information when asked.**

Ambulance Attendant Requirements (cont.)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

The last section will be confirming your service affiliation. You must be affiliated with a service to obtain your ambulance attendant license.

*****Confirm with your service if they will pay for the license, then select the appropriate response. Incorrectly marking this will delay your application.**

*Please select your Primary Service affiliation

Nevada Emergency Medical Systems Program (16101) ▼

*Primary Service

Yes

No

*Will your Primary Service be paying for this?

Yes

No



DPS Background Check

Initial Certification Application

< Demographic Information - 1 of 6

Certification Level and Education Documents - 2 of 6

State of Nevada Required DPS Background Check >



▼ State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. **If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.**

The approved legislation can be found here:

R105-22AP

If you completed a DPS background check for this application, select the No option below.

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

Yes  I have already completed a background for the state EMS office, and it has not expired

No  I have not completed a background for the state EMS office and/or I have just completed one for this application.

This next tab is for the background requirement for certification. It must be completed to get certified.

*****It is required every 6 years. Backgrounds completed for any other organization cannot be accepted as the EMS office cannot receive the results. You must complete a separate background.**

DPS Background Check (cont.)



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check

State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. **If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.**


The approved legislation can be found here:
R105-22AP

If you completed a DPS background check for this application, select the No option below.

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

Yes
 No

***Date of last DPS background check with the Nevada EMS Program (date must be within 6-years)**

mm/dd/yyyy Today 

If you have completed one in the last 6 years you will need to put the date of the last time it was completed [here](#).

*****Backgrounds for any other organization are not accepted.**



DPS Background Check (cont.)

****Previous to starting this application, have you completed a DPS background check with the Nevada EMS Program in the last 6-years? If you are completing a background check for this application, select No. (Background checks submitted to your employer, training program or another entity other than Nevada EMS Program will not be accepted)**

- Yes
- No

All providers applying for their initial EMS certification are required to complete a Department of Public Safety background check pursuant to NAC 450B every 6-years. Complete the following section and resubmit a DPS background check to the Nevada EMS Program.

***How are submitting your DPS background check to the Nevada EMS Program?**

- Fingerprint cards (Out of State Providers) **← This is for out of state providers, you will receive a fingerprint card and mail it into our office.**
- LiveScan by local law enforcement **← This is for in state providers who complete electronic fingerprints by local law enforcement**
- Fingerprint Express or another outside vendor (paid the \$40.25 DPS background check processing fee)

← This is for in state providers who go to a private vendor to complete fingerprints.

Background Check Tracking Number: **← [Once you complete your fingerprints, place the tracking number \(TCN\) here.](#)**

***Fingerprint Request Document Upload**

← [Upload the completed Background Check Request Form here](#)

Name

Description

Document Type

If you select no, it will bring up this next section. You will fill out how you have/ are completing your background. Then, upload your completed Background Check Request Form

*****You must use the State of Nevada EMS Background check Request Form to complete your fingerprints. If you do not, we will not receive your results.**⁶²

DPS Background Check (cont.)



EMERGENCY MEDICAL SYSTEMS
4126 Technology Way, Ste 100
Carson City, Nevada 89706
Telephone (775) 687-7590 • Fax (775) 687-7595
<http://dphh.nv.gov/Reg/EMS/EMS-home/>

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician at the time the fingerprints are taken to ensure that all fields contain the required information needed for processing. Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.

*REQUIRED

Applicant Information:

*Name (Last, First, MI): _____

*Address: _____

*City, State, Zip: _____

*Date of Birth: _____ *Place of Birth: _____

*SSN: _____ *Citizenship: _____

*Sex: Male Female *Race: White Black Hispanic Other
*Height: 5'0" 5'1" 5'2" 5'3" 5'4" 5'5" 5'6" 5'7" 5'8" 5'9" 5'10" 5'11" 6'0"
*Weight: 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300
*Eyes: Blue Green Brown Grey Other
*Hair: Black Brown Red Grey Other

Authorized Entity Information:

Account No. (MNU): 880485 ORI: NV920716Z Reason Fingerprinted: NRS450B.800

Fingerprint Site Information:

Fingerprint technician please ensure that you see a government issued photo ID for identity verification purposes prior to fingerprinting and return form to the applicant when completed. **Please ensure all fields are completed.**

*Did Applicant Pay \$40.25 Processing Fee? Yes | No | No (circle one) *Type of Fingerprint Submission: Fingerprint Cards | LiveScan (circle one)

*Signature of Official Taking Prints: _____ *Date: _____

*TCN No. (used for tracking purposes): _____

*Agency/Organization/Business: _____



Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH



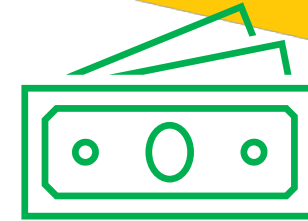
REV 10/2024

This is the required Background Fingerprint Request Form. Fill out the upper section under Applicant Information

*****Ensure that when your fingerprints are complete the fingerprint technician completes all fields in the lower section, and you have a TCN number.**



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



DPS Background Fee:

- The Nevada Department of Public Safety (DPS) charges its own fee of \$40.25 to process your background.
- If you complete your fingerprints at a private vendor, they will likely charge the fee at the time the fingerprints are taken
- If you complete your fingerprints at a local law enforcement office or out of state, you will likely not be charged the fee upfront, and it will be added to your fees at checkout for the application.



DPS Background Check (cont.)

▼ Background Check Attestation and Signature

I attest that all the information I have provided regarding my DPS background check is truthful and accurate. If any information regarding my background check is incorrect, I understand my application may be delayed or denied.

*Background Check Attestation Signature

Username:

Password:

*DPS Background Check Attestation Date

▼ Criminal History

*Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?

Yes

No

*Have you ever been convicted of a felony or misdemeanor other than a traffic violation?

Yes

No

*Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?

Yes

No

This is the last section for the background check, input your password and select today's date for the attestation. This is you acknowledging that you are submitting truthful information.

The next tab will be the criminal history questions shown here.

*****If you select yes to any of the questions you will be required to add supporting information.**

Fingerprint Waiver



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Position Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 >

▼ Fingerprint Background Waiver

FINGERPRINT BACKGROUND WAIVER

1. You must be notified by the Emergency Medical Systems Program, of the Nevada Division of Public and Behavioral Health, that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefits for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:
16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that the agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by the agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedures or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize the Emergency Medical Systems Program, of the Nevada Division of Public and Behavioral Health, to submit a set of my fingerprints to the Nevada Department of Public Safety Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.
6. I hereby release from liability and promise to hold harmless under any and all causes of legation, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures, have signed this release voluntarily and of my own free will.
A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.
In consideration for processing my application, I, the undersigned, whose name and signature is voluntarily appears below, do hereby and irrevocably agree to the above.

*Signature

Username:

Password:

*Date

mm/dd/yyyy Today

This tab is a waiver for the fingerprint and background required to become certified. Read through and use your password to sign the waiver.

Put today's date in the field.



Signature and Submission

Initial Certification Application

< Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6 **Signature and Submission Page - 6 of 6** >

Signature

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

All fee's paid are final and non-refundable.

*Signature of Applicant


Username:

Password:

*Date of Applicant's Submission (must be today's date)

This last tab is a certification for the application. Please read and use your signature to sign. Put today's date in the field.

*****Once you sign this section and submit you will not be able to go back and make changes. Please ensure that everything is complete, and the application is finished.**

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a white kick scooter. She is wearing a white polo shirt and dark pants. Behind her, a man and a woman are walking and talking. The man is on the left, and the woman is in the middle. A baby stroller is visible behind the woman. The background shows trees and a house. The text 'Provider Endorsement Application' is centered over the image in white, with a yellow underline under the word 'Application'.

Provider Endorsement Application



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Demographics information



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Nevada State EMS Licensing Online Application Portal

My Account Logout

Applications

- Continue
- Checkout 1
- Transaction
- History

Education

Services

Lookup

Initial Certification Application

< Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check >

▼ Applicant Demographic Information

*First Name
[Redacted]

Middle Name
[Redacted]

*Last Name
[Redacted]

*Street 1
[Redacted]

*Postal Code
[Redacted] Lookup

*State
Nevada

*City
Reno

*Birth Date
[Redacted] Today

*SSN
[Redacted] [Redacted] [Redacted] Show

The first page will be your demographic information. Make sure you review each line and check for accuracy.

Demographics (cont.)

Statement Of Child Support Compliance

Statement of child support compliance

Select one of the following categories:

*****If you have questions about this please contact our office.**

- 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.

Pay special attention to this section on the first page: the child support compliance question. Make sure it is filled out before moving on.

Training Documents



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Application for Provider Endorsement

Application for Provider Endorsement | **Training Documents** | Signature

▼ Training Documents

Certification Levels

EMR

EMT

Advanced EMT

Paramedic

Please select the endorsements that you are applying for. Slide from left to right to add endorsements and from right to left to remove it. If you remove your endorsements you will be removing the endorsements from your certification and/or license .

EMT Endorsements

Available

Community Paramedicine
EMS Instructor

>>
>
<
<<

Selected

DO NOT add courses to a training that you cannot upload the supporting documentation for. Any education that is not able to be verified by supporting documentation will be denied. The EMS Program is not responsible for invalid or insufficient information and your application could be delayed or denied.

In this tab you will select which certification level you currently hold. Then click on which endorsement you are applying for and move it over to the right box. Once that is completed you will need to upload documents as shown on the next slide.

Training Documents (cont.)

*Upload your certificate of completion for your EMS Instructor course.

←

Name

Description

Document Type
Certificate of Completion

Once you move one of the available endorsements over this upload box will appear. Use the button [here](#) to upload your supporting documents. In this case, the EMS instructor was chosen, the process is the same for Community Paramedicine.

The Nevada EMS Office recognizes SNHD EMS Instructor II, Fire Instructor II or Nevada teaching certificates in lieu of EMS Instructor course certificates of completion. Upload these documents in the above section.



Note that our office recognizes these forms. If you have questions about if your certification is accepted by our office, please contact us.

Signature and Submission



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

Initial Certification Application

< Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6 **Signature and Submission Page - 6 of 6** >

Signature

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

All fee's paid are final and non-refundable.

***Signature of Applicant**

Username:

Password:

***Date of Applicant's Submission (must be today's date)**

This last tab is a certification for the application. Please read and use your signature to sign. Put today's date in the field.

*****Once you sign this section and submit you will not be able to go back and make changes. Please ensure that everything is complete, and the application is finished.**

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a white scooter. She is wearing a white helmet and a light-colored polo shirt. Behind her, a man and a woman are walking and talking. The woman is pushing a stroller. The background shows trees and a house. The text 'Ambulance Driver Only Application' is centered over the image in white, with a yellow underline under the word 'Application'.

Ambulance Driver Only Application



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**


Demographics

Driver Only Application

Demographics Supporting Information Signature

▼ Section 1

*Choose Type

Initial  Choose if this is your initial Driver only certification or if you are renewing it.

Renewal

*Certification Levels

Driver

*First Name

Middle Name

*Last Name

The first page will be your demographic information. Make sure you review each line and check for accuracy.

Supporting Documents



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

In this tab you will upload the supporting documentation. Use the buttons [here](#) to upload your documents.

Driver Only Application

Demographics Supporting Information **Signature**

▼ Supporting Documents

*Upload a copy of your Drivers License

Upload your divers license here; it must be valid and not expired and must include the full front side

Name
Drivers License

Document Type
Drivers License

*EVOC or CEVO Certificate

Upload your course certificate here; the next slide shows appropriate documentation types for this requirement.

Name

Document Type
Certificate of Completion

*Service
Nevada Emergency Medical Systems Program (16101)

*Primary Service
 Yes
 No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

Make sure the service that you are going to be driving for is listed here. If you need to add additional click

EVOC/ CEVO

This needs to be your course completion certificate showing at what level you completed the training.

*****Must be a EVOC or CEVO course. No other course is accepted.**



DO


PROFESSIONAL DEVELOPMENT, TRAINING & EDUCATION

CERTIFICATE OF COMPLETION

PRESENTED TO
[REDACTED]

IN RECOGNITION OF SUCCESSFULLY COMPLETING THE 8 HOUR
EMERGENCY VEHICLE OPERATOR & DEFENSIVE DRIVING
INTERACTIVE TRAINING COURSE ENTITLED
CEVO 4: Ambulance
DATE OF COMPLETION
[REDACTED]

CERTIFICATE NUMBER: [REDACTED]

 COACHING SYSTEMS

**Reno Fire Department Emergency Vehicle
Operations Course (8-hour)**

CERTIFICATE OF COMPLETION
This is to acknowledge that

[REDACTED]

has participated and completed a 8 - hour Emergency Vehicle Operations Course (EVOC) with
the Reno Fire Department to include both classroom and practical instruction.

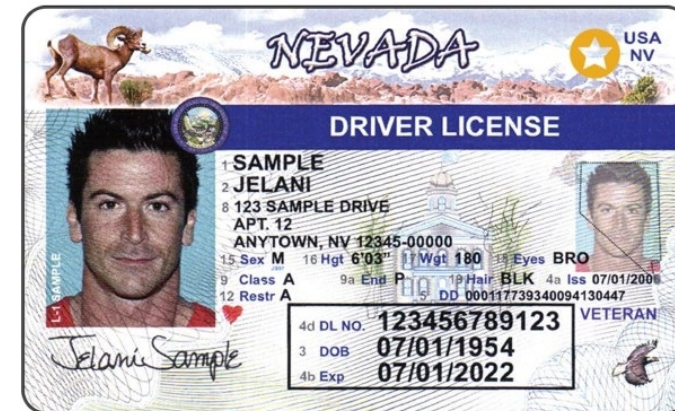
[REDACTED] [REDACTED]
Division Chief Date of Training

Reno Fire Department

Note: Your drivers license may be required for the application but cannot be placed in the EVOC/ CEVO course upload



DON'T



Signature and Submission

Initial Certification Application

< Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6 **Signature and Submission Page - 6 of 6** >

Signature

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

All fee's paid are final and non-refundable.

*Signature of Applicant

Username:

Password:

*Date of Applicant's Submission (must be today's date)

This last tab is a certification for the application. Please read and use your signature to sign. Put today's date in the field.

*****Once you sign this section and submit you will not be able to go back and make changes. Please ensure that everything is complete, and the application is finished.**

A photograph of a family walking outdoors, overlaid with a blue tint. In the foreground, a young girl with curly hair is smiling and riding a tricycle. She is wearing a light-colored polo shirt and dark pants. Behind her, a woman in a striped shirt is pushing a stroller. In the background, a man in a dark polo shirt is walking and talking to the woman. The scene is set in a park-like area with trees and a fence.

Provisional Attendant License Application



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Demographics information



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Nevada State EMS Licensing Online Application Portal

My Account Logout

Applications

- Continue
- Checkout 1
- Transaction
- History

Education

Services

Lookup

Initial Certification Application

< Demographic Information - 1 of 6 Certification Level and Education Documents - 2 of 6 State of Nevada Required DPS Background Check >

Applicant Demographic Information

*First Name
[Redacted]

Middle Name
[Redacted]

*Last Name
[Redacted]

*Street 1
[Redacted]

*Postal Code
[Redacted] Lookup

*State
Nevada

*City
Reno

*Birth Date
[Redacted] Today

*SSN
[Redacted] Show

The first page will be your demographic information. Make sure you review each line and check for accuracy.



Demographics (cont.)

The demographics tab has some questions to pay special attention to. Make sure you supply all the required information.

*Upload a copy of the front side of your drivers license

*****Make sure the copy of your drivers license is clear and contains the whole front of the card.**

Name
Drivers License

Description

Document Type
Drivers License

*Provisional License Level

- Provisional EMT
- Provisional AEMT
- Provisional Paramedic

 Select the level that you are requesting for your provisional license

*Education Institution Name

 Enter the name of the institution where you gained your education.

*Nevada Issued Course Number - If you do not know the Nevada EMS issued course number obtain the Nevada EMS Office Issued Course Number from your Instructor - Format XX-XXXX-XXX

 Enter the course number.

*Course Start Date

mm/dd/yyyy  Today

*Course End Date


mm/dd/yyyy  Today


 Enter the course start and end date.

Demographics (cont.)





NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

***Service you are doing ride alongs with**  This is the service that you are going to be riding with, you should have had some contact prior to applying.

Nevada Emergency Medical Systems Program (16101) 

***Is this the primary service for your ride alongs?** 

Yes  Select if this is the agency that you will be primarily doing your ride alongs with. If you need to add another click 


No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

 Remove

 Add Another

***Ride Along Start Date**

mm/dd/yyyy  Today

***Ride Along End Date** 

mm/dd/yyyy  Today

Select the dates that you are going to be doing ride alongs, this should be coordinated prior to applying.



Demographics (cont.)

*CPR card upload is required

Upload File

***See next slide for acceptable documentation.

Name

CPR card

Document Type

Healthcare Provider CPR card

Statement Of Child Support Compliance

Statement of child support compliance

Select one of the following categories:

***If you have questions about this please contact
our office.

- 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.

CPR Course



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

This must be your Healthcare Provider BLS CARD

*****Cards must show expiration date. Course must have hands on component to be accepted. First Aid (Heartsaver) is not accepted.**



DO

BASIC LIFE SUPPORT

BLS Provider

American Heart Association.

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Renew By

Instructor Name

Instructor ID

eCard Code

QR Code

Training Center City, State

Training Center Phone Number

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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American Heart Association.
GUIDELINES 2015 CPR & ECC

Certificate

YOUR NAME
has successfully completed
HeartCode® BLS Online Portion

Hands-on skills practice and testing, either conducted by an authorized AHA BLS Instructor or using a voice-assisted manikin system, is required to receive a Basic Life Support Provider course completion card.

For greater success, it is recommended the hands-on skills session be conducted shortly after completing the online portion. Please take this certificate with you to your hands-on skills session.

This certificate does not constitute successful completion of the full Basic Life Support Provider Course.

SAMPLE0555ABC **September 20, 2016**
Certificate Number Date Completed

HEARTSAVER

**Heartsaver®
First Aid CPR AED**

American Heart Association.

The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those **NOT** marked out:

Heartsaver Total CPR AED Only First Aid Only Child CPR AED Infant CPR Exam

Issue Date **Renew By**



DON'T

HEALTHCARE PROVIDER

**Healthcare
Provider**

eMedCert
Electronic Medical Certification

YOUR NAME HERE

This card certifies the above listed individual has successfully completed the course requirements and cognitive evaluation in accordance with the Electronic Medical Certification (eMedCert) Basic Life Support (BLS) program curriculum.

01/01/24 **01/01/26**
Issue Date Suggested Renewal Date



Signature and Submission

Initial Certification Application

< Background Check - 3 of 6 Fingerprint Waiver - 4 of 6 Regulation & Licensing Attestation - 5 of 6 **Signature and Submission Page - 6 of 6** >

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CONTACT INFORMATION

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4126 Technology Way

Suite 100

Carson City, NV 89706

(775) 687-7590

healthems@health.nv.gov

ACRONYMS



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**