



**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 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: