

State of Nevada  
Division of Public and Behavioral Health  
**Emergency Medical Systems (EMS) Program**  
4150 Technology Way Suite 101, Carson City, NV 89706

**RENEWAL APPROVAL OF AN EMS COURSE**

Please review the information listed below. If no changes have occurred since the last course submission, or eighteen (18) months please check the “No Change” box in the left-hand column. If there were changes, mark the “Changes” column and attach the updated document(s) and complete the “Changes” box on this form. Please reference prior course approval number.

Once you have completed the review of all required documentation, the Agency EMS Coordinator and the Agency Medical Director must sign the bottom of this form attesting to the accuracy of the information provided. Please submit a minimum of twenty (20) business days in advance to the Carson City office. If you have any questions about any of the required documentations, or changes, contact the Nevada State EMS Program office.

Prior Course Approval Number: \_\_\_\_\_

Name of Course/Date/Location of course: \_\_\_\_\_

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No Changes	Changes Made	Course Title
		Course Curriculum
		Textbook
		List of Instructors
		Agency Coordinator
		Medical Director
		Clinical Rotations
		Ride-A-Long Rotations

Changes:

By signing below, you are attesting that all the above information, if not changed, is currently on file with the Nevada State EMS Program. Please make sure you have all this information on file for Site Audit Review when requested. Course records are to be retained for a minimum of five (5) years.

\_\_\_\_\_  
EMS Coordinator (print name)      Date

\_\_\_\_\_  
Medical Director (print name)      Date

\_\_\_\_\_  
EMS Coordinator (signature)

\_\_\_\_\_  
Medical Director (signature)

Thank you for your cooperation in processing the renewal of course approval form. Please send this completed form along with any necessary documentation, scanned in color to: [EMSTraining@health.nv.gov](mailto:EMSTraining@health.nv.gov).