



INSTRUCTIONS FOR LICENSURE APPLICANTS

The following items must be submitted for an attendant license application to be processed by the Southern Nevada Health District EMS office (All items must be submitted prior to scheduling of the licensure examination):

DEFINITION:

A licensure applicant is an individual who:

1. Is currently certified as an EMT-Basic, EMT-Intermediate, or EMT-Paramedic in Clark County; and
2. Has a letter from a Clark County permitted ambulance service, air ambulance service, or firefighting agency verifying employment or intent for employment at the specific level the applicant will be utilized, not to exceed the applicant's level of certification. A current, valid agency photo ID is acceptable.

1. A completed application. Applicant must be at least 18 years of age at time of application;
2. Copy of government-issued photo identification card;
3. A current, valid Healthcare Provider CPR card. If applying for paramedic licensure, a current ACLS card. Challenge applicants must have current PALS or PEPP card and proof of attending a PHTLS or BTLS course at time of application. Reciprocity applicants have one year to obtain PALS or PEPP card and complete a PHTLS or BTLS class;
4. Completion of skills as defined on the Health District Skills Proficiency Record (within the last six months), unless applicant is currently National Registry certified;
5. A form verifying a physician exam within the last twelve months (see back);
6. A statement showing results of a TB test within the last 12 months;
7. A law enforcement record check;
NOTE: If employed by or a member of a governmental agency, this can be obtained from your employer. If employed by or a member of a non-governmental agency, this can be obtained from the Metro Records Section located at City Hall, 400 E. Stewart Avenue (702-229-3475). A fee and a photo ID are required to obtain this report;
8. Successfully pass the appropriate licensure examination (within the last six months) with a passing score of 80%; and
9. A signed Release form.

PHYSICIAN'S STATEMENT

I have examined _____ on this date _____ and to the best of my knowledge, I find the applicant to be of sound physical and mental health and free of physical defects or diseases which might impair the applicant's ability to drive or attend an ambulance. I also find said applicant's vision to be or have been corrected to at least 20/30 in both eyes.

_____, M.D./D.O. Nevada License No. _____

Address: _____
Street City State Zip