

EMS # _____

Agency _____



APPLICATION FOR EMS INSTRUCTOR I ENDORSEMENT

INSTRUCTIONS: This application must be filled out in total and be accompanied by all required documentation, including a letter of recommendation from the sponsoring agency. Please submit completed application to the Southern Nevada Health District EMSTS Office, P.O. Box 3902, Las Vegas, NV 89127.

Full Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____ Date of Birth: _____ SS#: _____

1. Level of certification: AEMT _____ Paramedic _____
Level of licensure: AEMT _____ Paramedic _____ PA _____ RN _____ MD/DO _____

2. Certificate/license number: _____ Expiration date: _____

For office use only:

Date/Initials

Completion of the following:	Agency letter of intent to utilize as an EMS Instructor I	_____	
	Verify full-time employment as either an AEMT or Paramedic (at the level of application) If not a full-time Paramedic for 2 years, may only Apply at the AEMT level, but may take the paramedic Paramedic Instructor exam, if they wish. (If not on file, ask for resume)	_____ (date)	_____
	Payment of required fee(s)	_____	
	Skills Proficiency Record	_____	
	80% or greater on EMS Instructor exam	_____	_____ %
		_____	_____ %
	Documentation of remedial training	_____	
	80% or greater on EMS Instructor exam	_____	_____ %
	EMS Instructor Course Completion Record or Documentation of Fire Service Instructor II Course completion	_____	
	Skills portion of the "Health District Monitoring Form for EMS Instructor Applicant" completed by a Clark County Endorsed Instructor II or Master Instructor	_____	
	Approved for EMS Instructor I endorsement at the AEMT or Paramedic (circle one) level	_____	
	Entered note in WebEMS	_____	
	Entered "INS" under "Employment" tab	_____	

The use of information collected through this office shall be limited to the purpose of providing the service for which our clients have engaged us.