

EMS # \_\_\_\_\_

Agency \_\_\_\_\_



### APPLICATION FOR EMS INSTRUCTOR II 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 II  | _____ |         |
|                              | Payment of required fee(s)  | _____ |         |
|                              | EMS Instructor II Bridge Course, Fire Instructor II Certificate, or completion of entire EMS Instructor Course  | _____ |         |
|                              | Skills portion of the "Health District Monitoring Form for EMS Instructor Applicant" completed by a Clark County Endorsed Instructor II or Master EMS Instructor (if not already on file) | _____ |         |
|                              | Didactic portion of the "Health District Monitoring Form for EMS Instructor Applicant" completed by a Clark County Endorsed Master EMS Instructor   | _____ |         |
|                              | 80% or greater on EMS Instructor exam (if not already on file)  | _____ | _____ % |
|                              | Documentation of remedial training  | _____ | _____ % |
|                              | 80% or greater on EMS Instructor exam   | _____ | _____ % |

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. (TURN PAGE OVER)

Approved for EMS Instructor II Endorsement  
at the AEMT or Paramedic (circle one) level

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Entered note in WebEMS

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Entered "INS" under "Employment" tab

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