

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 or entire EMS Instructor Course Completion	_____
	“Health District Monitoring Form for EMS Instructor Applicant” completed by a Clark County Endorsed EMS Instructor II or Master EMS Instructor to the EMS office within 90 days of application	_____
	Approved for EMS Instructor II 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.