



**APPLICATION FOR REAUTHORIZATION  
AS AN EMS TRAINING CENTER**

This application must be completed and mailed to P.O. Box 3902, Las Vegas, NV 89127. Please PRINT clearly in black or blue ink. Applicants must satisfy all requirements as set forth in Emergency Medical Services Regulations Section 200.000.

1. Owner(s) name, mailing address, phone number, email address:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

2. Medical Director's name, mailing address, phone number, email address:

\_\_\_\_\_

\_\_\_\_\_

3. Name of Corporation/Partnership/Sole proprietorship: \_\_\_\_\_

4. Trade Name or Fictitious Name (if applicable): \_\_\_\_\_

5. Copy of business license from the appropriate jurisdiction: \_\_\_\_\_

6. Training Center Address: \_\_\_\_\_

7. Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

8. Check all classes/courses that will be offered:

- EMT    AEMT    Paramedic    EMS Instructor    CCT
- EMT Refresher    AEMT Refresher    Paramedic Refresher
- BCLS    ACLS    PALS    PEPP    BTLS    ITLS    PHTLS
- Continuing Medical Education Classes    Other \_\_\_\_\_

9. Has the applicant(s) ever been endorsed to operate an Authorized Training Center?    Yes    No

10. Has the applicant(s) ever had an endorsement to operate an Authorized Training Center revoked or suspended in any other state or jurisdiction?    Yes    No

If yes, provide explanation: \_\_\_\_\_

\_\_\_\_\_

11. Has the applicant(s) ever been convicted of a felony, a gross misdemeanor or a misdemeanor?  Yes  No

If yes, provide explanation: \_\_\_\_\_

\_\_\_\_\_

12. You will be invoiced a fee in the appropriate amount as prescribed by the District Board of Health, or you may send a company check, cashier's check or money order in the amount of \$190.

13. A license or a letter of licensure exemption from the State of Nevada Commission on Postsecondary Education must accompany this application.

14. Submit two complete sets of fingerprints for each applicant (if not already on file).

15. The applicant(s) must meet all requirements as listed on the EMS Training Center Guidelines.

16. The applicant(s) who provide Paramedic training must attain and maintain CAAHEP accreditation per EMS Regulations 200.000.II.A.

I (We) hereby certify that all classes/courses that are required to be approved by the Southern Nevada Health District Office of EMS & Trauma System will be taught by an EMS Instructor endorsed by this office. I (We) further certify that I (we) have received, read, and understand the EMS Regulations and will fully comply with all sections included therein.

I (We) further certify that all statements made in this application are true and complete, and I (we) understand that any misrepresentation or omission made in this application may result in the denial, suspension, or revocation of endorsement as an EMS Authorized Training Center of the said applicant in Clark County, Nevada.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_