

**EMS-RN CHECKLIST**  
**(Inter-office)**

**Note:** EMS-RNs must submit all of the following (as a complete package) to the EMSTS Office prior to scheduling to take the ALS Licensure examination.

Date / Initials (administrative staff)

- \_\_\_\_\_ Received Letter of Intent to Hire
- \_\_\_\_\_ Received copy of current Nevada Nursing License
- \_\_\_\_\_ Received copy of current Nevada EMS RN License
- \_\_\_\_\_ Received “*Physician Advisor Verification Form*”
- \_\_\_\_\_ Received “*Skills Proficiency Record*” (completed w/in last 6 mos.)
- \_\_\_\_\_ Received resume (verified previous employer contact information is included)
- \_\_\_\_\_ Received evidence of training in accordance with the “**District Procedure for EMS RN Training**”
- \_\_\_\_\_ Received “Verification of Training” statement signed by the agency’s education coordinator
- \_\_\_\_\_ Received copy of current healthcare provider CPR certification (front & back of signed card)
- \_\_\_\_\_ Received copy of current ACLS certification (front & back of signed card)
- \_\_\_\_\_ Received copy of current PALS/PEPP certification (front & back of signed card)
- \_\_\_\_\_ Evidence of certification in PHTLS/ATCN/TNATC/TNCC/BTLS/ITLS
- \_\_\_\_\_ File given to \_\_\_\_\_ (initials) for review and approval (enter note in WebEMS)

Date / Initials (professional staff)

- \_\_\_\_\_ Reviewed resume and contacted previous employer(s) to verify has at least 5 yrs. of nursing experience that includes a minimum of 2 years critical care nursing experience (fixed wing); or
- \_\_\_\_\_ Reviewed resume and contacted previous employer(s) to verify has at least 5 yrs. of nursing experience that includes a minimum of 3 years critical care nursing experience (rotor wing; CCT)
- \_\_\_\_\_ Verified evidence of training in accordance with the “**District Procedure for EMS-RN Training**”
- \_\_\_\_\_ Approved to take ALS Licensure Exam

Date / Initials (administrative staff)

\_\_\_\_\_ Verified score of 80% or higher on ALS Licensure Exam

Date / Initials (professional staff)

\_\_\_\_\_ If rotorwing, prepared letter (to agency) of approval for EMS-RN to begin internship that consists of no less than 120 hours of field experience (scan letter and enter note in WebEMS)

\_\_\_\_\_ Received letter from the agency's Medical Director documenting successful completion of the required internship (letter must be placed in EMS-RN's file)

\_\_\_\_\_ Reviewed and verified all information contained in file. (Enter note in WebEMS)

\_\_\_\_\_ Placed file in front office "In box" for final processing (Enter note in WebEMS)

Date / Initials (administrative staff)

\_\_\_\_\_ Updated employment/endorsement info in WebEMS and scanned contents of file

\_\_\_\_\_ Photo taken

\_\_\_\_\_ Agency billed