



INSTRUCTIONS FOR RECIPROCITY APPLICANTS

DEFINITION: A reciprocity applicant is an individual who has current certification from National Registry or State of Nevada.

The following items must be submitted (as a single package) for an EMT certification application to be processed by the Southern Nevada Health District Office of EMSTS:

1. A completed application. Applicant must be at least 18 years of age at time of application.
NOTE: Applicant must provide proof of residency in Clark County (government issued ID or Clark County University/College ID), enrollment in EMS training, or employment with a Clark County permitted agency prior to certificate issuance.
2. Non-refundable application fee. (Cash or Money Order)
3. Copy of government-issued photo identification card.
4. Copy of current healthcare provider CPR card. (front & back of **signed** card)
5. Submit the "Request for Verification of Certification" letter (see pgs 2 & 3) to all states where an EMS certification or license was held.
6. If paramedic, copy of current certification in advanced life support procedures for patients who require ALS care, copy of current certification in life support procedures for pediatric patients who require ALS care and documentation of certification in prehospital trauma life support procedures. The backs of all provider cards must be signed by the holder.
Note: Any paramedic applicant who has not previously completed a course in life support procedures for pediatric patients who require ALS care and a course in prehospital trauma life support procedures will be required to do so within 12 months of certification.
7. Proof of completion of a SNHD approved Weapons of Mass Destruction Training course. An applicant who has not completed this training will be required to do so at time of recertification.
Note: An applicant who previously held a Clark County certificate that has expired will be required to submit documentation of completion of a SNHD approved Weapons of Mass Destruction Training course at time of application, if not already on file.
8. An applicant who previously held a Clark County certificate that has expired will be required to submit documentation of skills appropriate to the level of certification as defined on the Health District's Skills Proficiency Record (within the last six months).



REQUEST FOR VERIFICATION OF CERTIFICATION

Sections 1 & 2 below must be completed by the applicant and sent to any state(s) where an EMS certificate or license has ever been issued. Please note that some states may charge a fee to complete this form.

Section 1: Authorization to release information to Southern Nevada Health District Office of EMS & Trauma System

Name: _____
(Last name, First name, MI)

Also known as: _____

Mailing address: _____
(Address, City, State, Zip)

Section 2: Applicant's consent

I hereby authorize the (state in which you are currently certified/licensed) _____

EMS agency to furnish the information requested in Section 3 below:

Certification/License #: _____ EMS Level/type: _____

Issue Date: _____ Expiration Date: _____

Social Security Number: _____ Date of birth: _____
(mm/dd/yyyy)

Section 3: This section to be completed by the State Certification or Licensure Authority

For which of the following was the certificate issued?

_____ DOT EMT-Basic Course

_____ DOT EMT-Intermediate Course: _____ 1985 Curriculum or _____ 1999 Curriculum

_____ DOT EMT-Paramedic Course

Is the above certificate approved and valid in your office? Yes No

Has the above certificate been revoked or suspended? Yes No

Has the above applicant ever had a license, medical direction/
control or clinical privileges revoked or suspended?

Yes

No

Is the above applicant currently under any investigation
or review to the best of your knowledge?

Yes

No

Do you know of any reason reciprocity should be denied?

Yes

No

If yes, why? _____

I hereby certify that the above is true and correct as recorded in the files of this office.

Signature

Name (print)

Title

Date

State Certification/Licensing Agency(s):

Please complete Section 3 of this form and return it to:

Office of EMS & Trauma System
Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127
Phone: 702-759-1050
Fax: 702-383-1240