



APPLICATION FOR AUTHORIZATION / 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. A fee in the appropriate amount as prescribed by the District Board of Health must accompany this application.

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: _____