



APPLICATION FOR AUTHORIZATION / REAUTHORIZATION AS AN EMS TRAINING CENTER

This application must be completed and delivered to the Office of Emergency Medical Services & Trauma System, located at 625 Shadow Lane, Las Vegas, Nevada 89106, or mailed to P.O. Box 3902, Las Vegas, NV 89127. Please PRINT clearly in black ink or use a typewriter. 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. Name of Corporation/Partnership: _____

3. Trade Name or Fictitious Name (if applicable): _____

4. Training Center Address: _____

5. Phone No.: _____ Mobile Phone No.: _____ Fax No.: _____

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

- EMT-Basic EMT-Intermediate EMT-Paramedic EMS Instructor CCT
- EMT-Basic Refresher EMT-Intermediate Refresher EMT-Paramedic Refresher
- BCLS ACLS PALS PEPP BTLS ITLS PHTLS
- Continuing Medical Education Classes Other _____

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

8. 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: _____

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

If yes, provide explanation: _____

- 10. A fee in the appropriate amount as prescribed by the District Board of Health must accompany this application.
- 11. A license or a letter of licensure exemption from the State of Nevada Commission on Postsecondary Education must accompany this application.
- 12. Any applicant(s) who hold(s) a letter of licensure exemption from the State of Nevada Commission on Postsecondary Education must submit two complete sets of fingerprints.
- 13. The applicant(s) must meet all requirements as listed on the EMS Training Center Guidelines.
- 14. The applicant(s) must attain and maintain CAAHEP accreditation per EMS Regulations 200.000.E.

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: _____