

## Application for Recertification

**TYPE or PRINT in CAPITAL LETTERS.** All sections of this application are required to be completed unless otherwise noted. Omissions will delay processing.

- √ Check the level for which you are applying:  EMT-B  EMT-I  EMT-P
- √ Check instructor endorsement, if applicable:  Secondary  Primary  Master
- √ Check additional endorsement, if applicable:  EMT-P (Critical Care)

### Section I – APPLICANT INFORMATION

\_\_\_\_\_

Last Name	First Name	Middle Name	Last 4 digits of SSN *
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\* Disclosure is mandatory under Nevada Revised Statutes 450B.187

List other names you have (e.g. alias, married/maiden, etc.) \_\_\_\_\_

\_\_\_\_\_

Mailing Address	Apt. #	City	State	Zip
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\_\_\_\_\_

Physical Address	Apt. #	City	State	Zip
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( ) _____	( ) _____	_____	M / F
Mobile Phone	Home Phone	Date of Birth	(Circle one)

Email Address: \_\_\_\_\_

### Section 2 – BACKGROUND (Per NRS 450B.160, everyone **MUST** answer “YES” or “NO” to ALL questions in Sections 2 & 3)

Failure to report any limitation, suspension and revocation of a license and/or any conviction(s) and/or deferred adjudication case information may result in disciplinary action and/or denial of your Clark County EMS recertification/ licensure (refer to pgs. 3 & 4 for more information).

- Can you speak, read and write the English language?  Yes  No
- Are you addicted to intoxicating liquors or narcotics?  Yes  No

If yes, explain in detail: \_\_\_\_\_

- Has your current out of state certificate/license been under any investigation or review?  Yes  No  N/A
- Have you ever surrendered any type of certificate/license in any state or to a state agency that had issued you a license?  Yes  No

- Have you ever been subject to limitation, suspension, or revocation of a certificate/license, including your right to practice in a healthcare occupation?  Yes  No
- Have you ever been denied any type of certificate/license in any state by a state agency?  Yes  No

**Section 3 – CRIMINAL BACKGROUND**

- Have you ever received deferred adjudication for a felony or misdemeanor?  Yes  No  
(See back page for definition of “deferred adjudication”)
- Have you ever been convicted of a felony?  Yes  No
- Have you ever been convicted of a gross misdemeanor?  Yes  No
- Have you ever been convicted of a misdemeanor other than a minor traffic violation, e.g. speeding ticket or parking violation? (**Driving while Under the Influence is not a minor traffic violation**)  Yes  No

If you answered “Yes” to **ANY** questions above, provide the date of action, state and agency name, action taken and case number; you may use a separate piece of paper to provide an explanation.

- **Indicate offense(s) committed and court case/cause number(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Date(s) of conviction(s) and/or deferred adjudication(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Sentence(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Fine(s):** \_\_\_\_\_
- **City, County and State where offense(s) committed:** \_\_\_\_\_

**Important points to remember if you’ve ever been convicted of a crime:**

- Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, closed, etc., it may still show up on your fingerprint report.
- You could have been convicted even if you didn’t spend any time in jail.
- Criminal convictions include misdemeanors and felonies.
- If you answered “NO” to any of the questions in Section 3 above and the Office of EMS & Trauma System finds you have a conviction, your application may be denied as a fraudulent application.
- If you answered “YES” to any of the questions in Section 3 above and do not attach the required documents, your application will not be considered by the Office of EMS & Trauma System until you provide the documents.

**Required documentation checklist for felonies:**

- Letter of explanation of the circumstances surrounding the event(s)
- Copy of court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc.)
- Letter from Parole/Probation Officer regarding completion of sentence, if applicable
- Reference letters if you wish to have them considered

Please note that it can take up to 12 weeks to complete the process of a criminal history investigation and make a final determination regarding eligibility for certification/recertification/licensure.

**Section 4 – SIGNATURE AND DATE**

I swear or affirm that all information on this application is true and correct. I agree and understand that any misstatements or omissions of material facts herein may cause forfeiture on my part of all rights to certification, recertification or licensure by the Southern Nevada Health District.

I further attest to knowledge of and compliance with the guidelines concerning safe and appropriate injection practices as set forth in NRS 450B.165.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I further swear or affirm that I have completed CME hours in the required categories and have been signed off on all required skills.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 5 – CHILD SUPPORT INFORMATION**

The Nevada Emergency Medical Services Statute, NRS 450B, was amended by passage of Senate Bill 356 by the 1997 Legislature. Senate Bill 356 provides that a Certificate or License as an Emergency Medical Technician, Attendant or Aeromedical Attendant **cannot be issued or renewed** unless the applicant provides the following information.

**Please place a check in front of the appropriate response. Failure to mark one of the three will result in denial of the application.**

- \_\_\_\_\_ I am not subject to a court order for the support of a child;
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant’s Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

NOTE: ANY MISREPRESENTATION OR OMISSION MAY RESULT IN A DENIAL OF THIS APPLICATION OR REVOCATION OF CERTIFICATION/RECERTIFICATION/LICENSURE.

## Section 6 – INFORMATION FOR COMPLETING SECTIONS 2 & 3

**The Office of EMS & Trauma System *may* approve your application and *may* grant you a certificate/license:**

- If you have a minor event, minor traffic-related incident(s), minor criminal citation(s), and/or juvenile offense(s) that occurred within 7 years prior to application; or
- If you have three minor event(s) that occurred between 7-10 years prior to application; or
- If you have multiple minor event(s) that occurred more than 10 years prior to application.

Note: A “minor event” is defined as any conviction that is **not** a felony or one of the eight convictions listed below:

**The Office of EMS & Trauma System *will* deny your application if you have any of the eight convictions listed below:\***

- Murder, voluntary manslaughter or mayhem;
- Assault with intent to kill, sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- Abuse or neglect of a child or contributory delinquency;
- A violation of federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS, within 7 years prior to application;
- A violation of any provisions of NRS 200.5099 or 200.50955, which outlines abuse, neglect, and exploitation of an older person or vulnerable person;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within 7 years prior to application; or
- Any other felony involving the use of a firearm or other deadly weapon, within 7 years prior to application.

\* After receiving written notice that the Office of EMS & Trauma System has denied your application, you can appeal the denial by sending a letter requesting a review by the Health Officer. This must be done within 30 days after the denial notice is mailed to you.

### References:

Nevada Revised Statutes 450B  
Nevada Revised Statutes 454  
Nevada Administrative Code 450B  
EMS Regulations  
National Registry of EMT’s Policy

Deferred Adjudication defined:

Deferred adjudication basically means that the final judgment in a situation has been deferred until a later time. Between the announcement of deferred adjudication and the time when final judgment will be announced, the charged individual is given the chance or opportunity to do something that will result in the crime not being listed as a “guilty” sentence on his or her record.

For many small or minor crimes, an individual who has maybe no prior arrests or convictions will be given the opportunity to keep his or her record clean through deferred adjudication. A judge will give an individual an opportunity to complete community service hours or an alcohol awareness class.

Deferred adjudication can be a plea bargain agreement between a defendant and the court. The final or formal judgment is withheld, postponed, or deferred until the end of a probation period. If the individual completes the probation period successfully, the charges are dismissed. In addition to the probation period, a person may have a number of conditions to meet that the court assigns.