Southern Nevada Health District

APPLICATION FOR EMS INSTRUCTOR ENDORSEMENT

INSTRUCTIONS: This application must be filled out in total and be accompanied by all required documentation, including a letter of recommendation from the sponsoring agency. Please submit completed application to the Southern Nevada Health District EMSTS Office, P.O. Box 3902, Las Vegas, NV 89127.

Full Name:_____

Mailing Address:_____
Street City State Zip

Residence Address:_____
Street City State Zip

Phone Number:_____ Date of Birth:_____ SS#:_____

1. Level of certification: EMT-I ☐ EMT-P ☐
   Level of licensure: EMT-I ☐ EMT-P ☐ PA ☐ RN ☐ MD/DO ☐

2. Certificate/license number:_____ Expiration date:_____

3. Documentation of at least two years full-time employment, or at least five years volunteer/part-time EMS experience, as defined by the EMS office, within the past five years. _____

4. Documentation of formal educational training that meets or exceeds the most recent DOT "EMS Instructor Training Program – National Standard Curriculum".

For office use only:		**Date/Initials**	
Completion of the following:	Agency letter of intent to utilize as EMS Instructor	_____	
	Score 80% or greater on EMS Instructor exam	_____	_____%
		_____	_____%
	Skills Proficiency Record (Must be signed off by a Primary or Master Instructor)	_____	
	Instructor Course Completion Record	_____	
	"Health District Monitoring Form for EMS Instructor Applicant" completed by a Primary or Master Instructor to the EMS office within 90 days of course completion	_____	
	Approved for Instructor Endorsement at the _____ level	_____	