Agency	



## APPLICATION FOR MASTER 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	
Phone Number:	Date	Date of Birth:		SS#:		
Level of certification: AEMT _	Paramedic					
Level of licensure: AEMT	Paramedic	PA	RN	MD/DO		
Certificate/license number:		Expiration of	late:			
3. Documentation of Endorsemen	t as a Clark County e	ndorsed Prima	ary EMS	S Instructor for at leas	t three years.	
<ul> <li>4. Documentation of successful co</li> <li>NEMSEC Examination</li> <li>Bachelor's degree in ec</li> <li>Other equivalent course</li> </ul>	lucation, health educa	ation or other	related f		the Health District	
For office use only:				Dat	te/Initials	
Completion of the following:	Agency letter of Master EMS In		lize as	-		
	Instructor Appi Course signed Endorsed Mast	Health District "Monitoring Form for EMS Instructor Applicant" for a Train-the-Trainer Course signed off by a Clark County Endorsed Master Instructor to the EMS office within 90 days of application				
	Approved for M	Approved for Master Instructor Endorsement				
	Payment of rec	Payment of required fee(s)				

The use of information collected through this office shall be limited to the purpose of providing the service for which our clients have engaged us.