

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.

Mailing Address: _____

Street City State Zip

- ❖ NEMSEC Examination
- ❖ Bachelor's degree in education, health education or other related fields as approved by the Health District
- ❖ Other equivalent course(s) as approved by the Health District