



INSTRUCTIONS FOR LICENSURE APPLICANTS

The following items must be submitted for an attendant license application to be processed by the Office of EMS & Trauma System (OEMSTS). Items 1-8 must be submitted as a package prior to scheduling of the licensure examination:

DEFINITION:

A licensure applicant is an individual who:

1. Is currently certified as an EMT/EMT-Basic, AEMT/EMT-Intermediate, or Paramedic/EMT-Paramedic in Clark County; and
2. Has a letter from a Clark County permitted ambulance service, air ambulance service, or firefighting agency verifying employment or intent for employment at the specific level the applicant will be utilized, not to exceed the applicant's level of certification.

1. A completed application. Applicant must be at least 18 years of age at time of application;
2. Copy of State of Nevada issued photo identification card;
3. Copy of current healthcare provider CPR* (front & back of **signed** card)
4. If applying for Paramedic/EMT-Paramedic licensure, copy of current certification in advanced life support procedures for patients who require ALS care, copy of current certification in life support procedures for pediatric patients who require ALS care and documentation of certification in prehospital trauma life support procedures. The backs of all provider cards must be signed by the holder.*

Note: Reciprocity applicants have one year to obtain certification in life support procedures for pediatric patients who require ALS care and documentation of certification in prehospital trauma life support procedures.
5. Completion of skills as defined on the Health District Skills Proficiency Record (within the last six months);
6. A form verifying a physical examination signed off by a Nevada licensed MD, DO, PA, or APN (within the last 12 months);
7. A statement showing results of a TB test within the last 12 months. If the applicant has a history of a positive TB skin test, a chest x-ray must be done prior to the physical examination to be evaluated by the physician performing the physical examination to determine the applicant is free of disease;
8. Fingerprint based background check. Fingerprinting may be done at the OEMSTS. If done through another facility, you will need to submit two fingerprint cards to the OEMSTS for processing, along with the appropriate fee, at time of application. This fee is non-refundable; and
9. Successfully pass the appropriate licensure examination (within the last six months) with a passing score of 80%.

* All online courses must include verifiable documentation of the skills component

PHYSICIAN'S STATEMENT

I have examined _____ on this date _____ and to the best of my knowledge, I find the applicant to be of sound physical and mental health and free of physical defects or diseases which might impair the applicant's ability to drive or attend an ambulance. I also find said applicant's vision to be or have been corrected to at least 20/40 in both eyes.

_____, MD/DO/PA/APN (Circle one) Nevada License No. _____

Address: _____
Street City State Zip