



## APPLICATION FOR PRIMARY 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 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 Endorsement as a Secondary EMS Instructor for at least one year. \_\_\_\_\_

4. Documentation of Successful completion of an EMS Primary Instructor Bridge Course or entire Health District approved EMS Instructor Course.

**For office use only:**

**Date/Initials**

Completion of the following: Agency letter of intent to utilize as EMS Primary Instructor \_\_\_\_\_

EMS Primary Instructor Bridge Course or entire EMS Instructor Course Completion record \_\_\_\_\_

Teaching Portfolio \_\_\_\_\_

“Health District Monitoring Form for EMS Instructor Applicant” completed by a Primary or Master Instructor to the EMS office within 90 days of application \_\_\_\_\_

Approved for Primary Instructor Endorsement Level: I / P (circle one) \_\_\_\_\_