



## 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: AEMT/EMT-I \_\_\_\_\_ Paramedic/EMT-P \_\_\_\_\_  
 Level of licensure: AEMT/EMT-I \_\_\_\_\_ Paramedic/EMT-P \_\_\_\_\_ PA \_\_\_\_\_ RN \_\_\_\_\_ MD/DO \_\_\_\_\_

2. Certificate/license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

3. Documentation of Endorsement as a Clark County endorsed 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 Clark County Endorsed Primary or Master Instructor to the EMS office within 90 days of application	_____
	Approved for Secondary / Primary (circle one) Instructor Endorsement at the AEMT / EMT-I or Paramedic / EMT-P (circle one) level _____	