



INSTRUCTIONS FOR RECIPROCITY APPLICANTS

DEFINITION: A reciprocity applicant is an individual who has current certification from National Registry or State of Nevada.

The following items must be submitted (as a single package) for an EMS certification application to be processed by the Southern Nevada Health District Office of EMSTs:

1. A completed application. Applicant must be at least 18 years of age at time of application.

NOTE: Applicant must provide proof of residency in Clark County (State of Nevada issued ID or Clark County University/College ID), enrollment in EMS training, or current EMS employment in Clark County prior to certificate issuance.

2. Non-refundable application fee. (Cash or Money Order)
3. Copy of State of Nevada issued photo identification card.
4. Copy of current healthcare provider CPR* (front & back of **signed** card)
5. Submit the "Request for Verification of Certification" letter (see pgs 2 & 3) to all states where a certification/license was held.
6. If Paramedic/EMT-P, 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: Any Paramedic/EMT-P applicant who has not previously completed a course in life support procedures for pediatric patients who require ALS care and a course in prehospital trauma life support procedures will be required to do so within 12 months of certification.

7. Proof of completion of a SNHD approved Weapons of Mass Destruction Training course. An applicant who has not completed this training will be required to do so at time of recertification. Note: An applicant who previously held a Clark County certificate that has expired will be required to submit documentation of completion of a SNHD approved Weapons of Mass Destruction Training course at time of application, if not already on file.
8. An applicant who previously held a Clark County certificate that has expired, and holds current National Registry certification at that same level, will be required to submit documentation of skills appropriate to the level of certification as defined on the Health District's Skills Proficiency Record (within the last six months).

* Go to <http://www.southernnevadahealthdistrict.org/ems/approved-cpr-acls-programs.php> for a list of approved courses



REQUEST FOR VERIFICATION OF CERTIFICATION

Sections 1 & 2 below must be completed by the applicant and sent to any state(s) where an EMS certificate or license has ever been issued. Please note that some states may charge a fee to complete this form.

Section 1: Authorization to release information to Southern Nevada Health District Office of EMS & Trauma System

Name: _____
(Last name, First name, MI)

Also known as: _____

Mailing address: _____
(Address, City, State, Zip)

Section 2: Applicant's consent

I hereby authorize the (state in which you are currently certified/licensed) _____
EMS agency to furnish the information requested in Section 3 below:

Certification/License #: _____ EMS Level/type: _____

Issue Date: _____ Expiration Date: _____

Social Security Number: _____ Date of birth: _____
(mm/dd/yyyy)

Section 3: This section to be completed by the State Certification or Licensure Authority

Status of EMS certification/license: ☐ Inactive ☐ Active

EMS level/type of certification: _____

Applicant received certification/license by exam? ☐ Yes ☐ No

Reciprocity granted on certification from: _____
(State, national registry)

(see back page)

Is the above certificate approved and valid in your office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the above certificate been revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the above applicant ever had a license, medical direction/ control or clinical privileges revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the above applicant currently under any investigation or review to the best of your knowledge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any reason reciprocity should be denied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, why? _____

I hereby certify that the above is true and correct as recorded in the files of this office.

_____ Signature	_____ Name (print)
_____ Title	_____ Date

State Certification/Licensing Agency(s):

Please complete Section 3 of this form and return it to:

Office of EMS & Trauma System
Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127
Phone: 702-759-1050
Fax: 702-759-1413