



APPLICATION FOR SECONDARY 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 in the form of a resume of at least two years full-time employment, or at least five years volunteer/part-time EMS experience, as defined by the EMS office, within the past five years.

For office use only:

Date/Initials

Completion of the following:	Agency letter of intent to utilize as EMS Instructor	_____	
	Skills Proficiency Record (<u>must</u> be signed off by a Primary or Master Instructor)	_____	
	Score 80% or greater on EMS Instructor exam	_____	_____ %
	EMSA Instructor Course Completion Record or Documentation of Fire Service Instructor I & II Course completion	_____	_____ %
	“Health District Monitoring Form for EMS Instructor Applicant” completed by a Primary or Master Instructor to the EMS office within 90 days of course completion	_____	
	Approved for Secondary Instructor Endorsement Level: I / P (circle one)	_____	