

Memorandum #03-13

Date: January 24, 2013

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Mary Ellen Britt, R.N., M.P.H., Acting EMS Manager *MEB*
Thomas R. Coleman, M.D., M.S., Director, Division of Community Health *JRC*
John Middaugh, M.D., Interim Chief Health Officer *JM*

Subject: Application by James Morgan for a Variance to District Emergency Medical Services Regulations Section 400.100.II.

BACKGROUND:

James Morgan is requesting a Variance to EMS Regulations Section 400.100.II., "Licensing of Air Ambulance Attendants" to allow him to become licensed as an air ambulance attendant without the requisite three years of field experience (within the last five years) as a paramedic. The air ambulance environment requires the attendant to function independently in the assessment and management of seriously ill or injured patients. The intent of Emergency Medical Services (EMS) Regulation 400.100.II. is to ensure the air ambulance attendant applicant has sufficient experience in responding to the scene of a medical emergency, exercising critical independent decision-making skills, and performing advanced clinical procedures.

NRS 450B.140 allows the District Board of Health to establish standards for categories of ambulances "to reflect different circumstances and in the interest of the public." The Board may use standards and regulations proposed by national organizations. In 2002, the EMS Regulations were revised to require applicants for an air ambulance attendant license to have a minimum of three years of field experience. The *Guidelines for Air Medical Crew Education*, published by the Association of Air Medical Services, lists a minimum of three years of experience in the prehospital setting as one of their prerequisites. Further, the Board of Critical Care Transport Paramedics recommends that candidates for the Flight Paramedic Certification Examination have at least three years of experience in a busy advanced life support (ALS) system. Still further, a review of several air ambulance agencies in surrounding states showed the majority require prospective employees to have a minimum of three years of EMS experience. Based on a consensus within the EMS community, and more specifically the air ambulance agencies, the decision was made by the Medical Advisory Board and the District Board

of Health to adopt this standard as an EMS regulation. These regulations were approved June 27, 2002.

DISCUSSION:

On October 9, 2012 Mr. Morgan submitted an application for licensure as an air ambulance attendant to the Office of Emergency Medical Services & Trauma System (OEMSTS). Upon review of the application and associated documentation, staff noted Mr. Morgan had only two years and three and one-half months of field experience as a licensed paramedic working with a permitted EMS agency. On October 17, 2012, Mr. Morgan was advised via telephone that his application could not be approved because he was eight and one half months short of the required three years of field experience. On October 24, 2012, Mr. Morgan met with the OEMSTS Manager and staff regarding his application and the EMS eligibility requirements. The rationale for the OEMSTS decision was discussed in detail at that time. Written documentation of the decision was sent on November 1, 2012.

Mr. Morgan contended the field internship portion of his paramedic training program should count toward the field eligibility requirement. However, during this internship, Mr. Morgan was functioning under a provisional license. Under OEMSTS guidelines, Mr. Morgan's internship does not count toward field eligibility requirements because while under a provisional license, he, Mr. Morgan, was functioning as a student under the direct supervision of an EMS instructor. Importantly for purposes of field eligibility requirements, under a provisional license, Mr. Morgan was not licensed to perform independently.

Mr. Morgan further contended his experience as a cardiac stress technician working in a cardiologist's office should apply toward his EMS field eligibility requirements. Contrary to Mr. Morgan's contention, however valuable working in a cardiologist's office may be, the role of a cardiac stress technician, including the level of independent judgment to be exercised in an office setting, is not the same as that of an EMS provider and simply does not translate to the independence of thought and action required of a paramedic functioning in the EMS field.

The term "field" is used commonly in the EMS community and throughout the EMS Regulations and procedures to describe active duty operations within a permitted 911 response agency. Per EMS Regulation 700.500, in order to perform authorized activities, a paramedic must be licensed as an attendant. The paramedic certificate issued by the OEMSTS includes language which clearly states, "This certificate documents the successful completion of training and testing at the level identified on the certificate under the provisions of 450B and is **not a license to practice.**" When Mr. Morgan performed the duties of a cardiac stress technician, he held a paramedic certificate of completion, he was not functioning as a *licensed paramedic*. As previously stated, the intent of EMS Regulation 400.100.II. is to ensure the applicant has sufficient experience working in the EMS environment. Performing the duties of a cardiac stress technician does not provide the same opportunities to assess and treat ill and injured patients of all ages using EMS protocols in the out-of-hospital setting.

As part of the discussion during the October 24, 2012 meeting, Mr. Morgan was advised to seek opportunities to gain the additional experience required with a permitted EMS agency. Several days later, the OEMSTS received a letter from Mr. Morgan dated

October 31, 2012 wherein he stated, "To obtain licensure in either Arizona or the other counties, current National Registry is required. Clark County does not require EMS providers to keep their National Registry certification to practice, and so I would have to retake this exam. The cost of the exam is \$410 plus travel, and a refresher course, which is another \$400." However, according to the National Registry website, Mr. Morgan passed the EMT-Paramedic cognitive exam on July 27, 2012, passed the practical exam on October 27, 2012, and was issued National Registry paramedic certification prior to the date of his letter. National Registry certifications are valid for two years and renewed every two years. Accordingly, although Mr. Morgan represented obtaining this certification would create a hardship, he was in fact already National Registry certified and employed by TriState CareFlight (CareFlight) as a flight paramedic.

Finally, Mr. Morgan was hired by CareFlight as a flight paramedic in July 2012. According to CareFlight's records, between August 6, 2012 through October 8, 2012, Mr. Morgan flew as an air ambulance attendant in Clark County. In so doing, Mr. Morgan was in violation of EMS Regulation 700.500 for performing the authorized activities of a paramedic without an air ambulance attendant license. In his October 31st letter, Mr. Morgan represents he has more than the required three years of field experience. His time estimate is not correct. The time spent practicing with a provisional license as a paramedic student intern does not count. In addition, the two months Mr. Morgan was employed by CareFlight as a flight paramedic cannot count toward the required three years of field experience because they were unauthorized and in contravention of established regulations.

RECOMMENDATION:

The Southern Nevada Health District's Office of Emergency Medical Services & Trauma System has reviewed the application by petitioner James Morgan requesting a Variance to EMS Regulations Section 400.100.II., "Licensing of Air Ambulance Attendants." The intent of this regulation is to protect the public by maintaining a reasonable and nationally accepted standard that air ambulance attendants have a minimum of three years of experience. The objective is to ensure the practitioner has sufficient experience in responding to the scene of a medical emergency, exercising critical decision-making skills, and performing advanced clinical procedures. Based on the findings of our investigation, Mr. Morgan does not meet the field eligibility requirements for an air ambulance attendant license because he does not have three years of EMS field experience. Staff recommends that the Variance request be denied.

MEB:rp

Attachments:

- A. Notice of Public Hearing dated 12-12-12
- B. James Morgan's Letter dated 10-31-12 Requesting a Variance to District EMS Regulations Section 400.100.II.
- C. Emergency Medical Services Regulations Section 400.100.II. "Licensing of Air Ambulance Attendants"
- D. District Procedure for Air Ambulance Attendant
- E. District Procedure for Provisional Licensure
- F. Copy of James Morgan's EMT-Paramedic Certificate

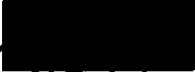
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District's Board of Health on January 24, 2013, at 8:30 a.m. at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.410 and 450B.130 for the purpose of considering a request by petitioner James Morgan for a variance to District Emergency Medical Services Regulations Section 400.100.II. "Licensing of Air Ambulance Attendants."

All interested persons may appear at the hearing and submit data, views or arguments regarding the proposed amendments. Written data, views and arguments may also be submitted to the District Board of Health in advance of the hearing, addressed to the Chairman of the Southern Nevada District Board of Health at P.O. Box 3902, Las Vegas, NV 89127. The District Board of Health will consider fully all written and oral submissions on the proposed amendments prior to taking action thereon. Questions may be directed to Southern Nevada Health District's Office of Emergency Medical Services & Trauma System at (702) 759-1050.

Dated: December 6, 2012

To be published: December 12, 2012



Rory Chetelat, M.A., EMT-P
Southern Nevada Health District
EMS & Trauma System Manager

James Morgan

3045 Winter Sunset Ave.

North Las Vegas, NV 89081

October 31, 2012

To Whom It May Concern:

Please let this letter serve as a request for a variance regarding my (James Morgan) application for provisional licensure as an air ambulance attendant. The specific provision for which I am requesting the variance is 400.100 (II) – “Has at least (3) years of field experience (within the last (5) years) as a Paramedic.”

I submitted my application for provisional licensure on Oct 9, 2012. All necessary supporting documents had been submitted by Oct 11, 2012 for complete review. I called to follow-up on the status of my application the following week, and was told by Mr. John Hammond via telephone that my application was declined because I did not meet criteria for having three years of experience as a paramedic. A follow-up meeting to discuss my application was held on Oct 24, 2012 with Mary Ellen Britt, Rory Chetelat, and John Hammond where I was again informed verbally that my experience did not meet the qualifications to be eligible for an air ambulance attendant license. I have never received written notification of rejection of my application which is in violation of regulation 400.100(VI). The only requirement for an air ambulance attendant license in question is my three years of field experience, and I believe I have met this, and all other requirements as outlined by the regulations set forth on the website (last updated January 2011) of the Southern Nevada Health District.

First, “Paramedic” as defined by SNHD regulations states that this is a “Person who is certified by the Health Officer as having satisfactorily completed an approved course of instruction in Advanced Emergency Medical Care,” and is the equivalent to the term “Advanced EMT” as defined in NRS 450B.025. I have held a current SNHD paramedic certification continuously since 11/14/08 which was the date that my provisional paramedic license was issued. I have included a copy of this for your review. My certification with the county has never lapsed, and is in fact current until 1/1/2014. At the time of this letter writing, my certification will have been current and continuous for the last 47 months. I have also maintained current ACLS, PALS, PHTLS/ITLS, BLS certifications for this entire period, as well as fulfilling all of the CME requirements. Additionally, I successfully passed the National Registry exam upon initial licensure in the Clark County, and have again successfully passed this exam in the last month. There is no provision within this definition that states that one must currently be licensed or employed by a permitted agency to be deemed a paramedic.

Second, the regulations state that an applicant has “At least three (3) years of field experience (within the last five (5) as a Paramedic.” My provisional license as a paramedic was issued on 11/14/2008 (at which

time I begin practicing at the paramedic level), and a full license was subsequently issued on 2/9/2009. During that time period I was employed by Medic West Ambulance full time within the 911 system, and never worked special events as my primary assignment. We typically ran 6-12 calls per day with 4-8 transports. If these numbers are extrapolated over my 30 month tenure at Medic West as a Paramedic (11/14/08 – 5/30/2011 = 30 months) then an estimated number of calls run in that period of time is 2880 (7 shifts/2wk period x 8 calls/shift x 48wks/yr x 2.5yrs → took out time for sick days/vacation). This is many more calls than other licensed personnel within the system (paramedics who primarily work special events, or providers who work for a permitted agency but do not run calls primarily because of seniority – i.e. fire agency captains who maintain a license but do not provide primary patient care).

In addition to the 30 months of full-time 911 system experience as a licensed paramedic with Medic West Ambulance, I also have an additional 10 months (not counting overlap with time at Medic West; 6/2011 – 3/2012) where I was practicing as a cardiac stress technician. This job required providing ALS level care, including performing histories and physical exams, establishing IV access, obtaining 12 lead EKGs and EKG interpretation, continuous monitoring of patients during stress testing procedures including initiating ACLS interventions (rhythm recognition, cardiac pacing, cardioversion, intubation, defibrillation) as needed. I have included a job description for your review. Please note that experience in an emergency care setting responding to emergent cardiac and pulmonary events was required. Much independent thinking and problem-solving was involved with this job, as the physician was in the office and accessible, they were not directly involved in the patient's care during the stress test unless contacted. Mr. Chetelat, during our conversation on 10/24/12 you stated that you did not feel that independent decision-making occurred on my part during my work as a cardiac stress technician as there was a physician present in the building, and I respectfully disagree. The field of paramedicine is expanding – paramedics are working in emergency rooms, they are now having an expanded scope of practice in community paramedicine where they are working in conjunction with primary care and emergency physicians to provide more comprehensive care to patients who do not otherwise have access to care, or to frequent fliers to help with diabetes or CHF management. Since these paramedics are not working in the traditional 911 system, does their experience as providers not count as well? What actually defines "field experience as a paramedic?" This not defined anywhere in the regulations, and the only stipulation for being a paramedic per the definition listed is that one has "completed an approved course of instruction in Advanced Emergency Medical Care – 100.090." Shouldn't the definition of "field experience as a paramedic" be "providing medical care to patients within an ALS level scope of practice?"

Per our conversation on 10/24/12, it was suggested that in order to obtain the additional "field experience" required to be eligible for an air ambulance attendant's license, which both Mr. Chetelat and Ms. Britt stated had to be as a licensed paramedic (not just certified as the regulations state) with a permitted agency, I would have to seek and obtain employment with a new agency. Due to the current state of EMS in Clark County, requiring me to obtain additional "field experience" as a licensed paramedic is currently impractical and unduly burdensome to me as a provider. Currently, all of the public fire agencies are not hiring, and have not been hiring in quite some time. My employment was terminated with Medic West (for no patient care-related issues), who is owned by AMR. This makes me ineligible for re-hire by either of these agencies. The only other permitted agency in town is Community Ambulance who is owned by Brian Rogers (a former Medic West employee who still has close ties to that agency), and I was not offered employment with Community

despite having applied in December 2011. So, in order to obtain additional “field experience” I would have to seek employment outside of Clark County (where I have been a long-time resident), in one of the rural counties or in Arizona. To obtain licensure in either Arizona or the other counties, current National Registry is required. Clark County does not require EMS providers to keep their National Registry certification to practice, and so I would have to retake this exam. The cost of the exam is \$410 plus travel, and a refresher course, which is another \$400. Once licensure is granted in one of these other areas (rural NV or AZ), I would have to travel a minimum of 1-2 hours each way to get to the new place of employment, and all of these would be fulfill 6 month of “field experience.” This is impractical, and does not provide the public, or my patients with any additional benefit.

I was hired by TriState Careflight in the role of an air ambulance attendant (flight paramedic). I have been deemed competent by the company to perform this job. I have received additional training regarding air ambulance operations, advanced medical skills (ventilator management, surgical airways, etc), have successfully completed an air ambulance attendant course, and am currently studying to obtain my flight paramedic certification. During my tenure at Medic West I never had single patient care related problem – this can be confirmed with QI director Steve Johnson. While I was working as a cardiac stress technician, I kept up my ALS level skills, all of my certifications remained current, and I continued to fulfill all of the CME requirements to keep my paramedic certification within Clark County. In performing medical care as an air ambulance attendant, I do not pose a danger to the public health or safety of the patients whom I serve, and I am able to perform the job of a flight paramedic with competence and compassion.

In summary, “Paramedic” as defined by the regulations is a person who “has satisfactorily completed an approved course of instruction in Advanced Emergency Medical Care” – which I have done, and graduated from the UMC Paramedic Program in November, 2008. I have had more than three years of “field experience” as a paramedic in the last five years, as I have been a certified paramedic since November 2008, and have been providing ALS level care to patients during that time period. Again, there is no definition of field experience, specifically, no mention in the regulations that “field experience” has be obtained while having a current paramedic *license* and performing services for a permitted agency in an out-of-hospital setting with no availability of a physician. In order to gain additional 911 field experience as a *licensed* paramedic it would cause me undue burden to have to travel to Arizona or rural Nevada to gain employment by another agency, and this in turn would not significantly benefit the public. I am competent to perform the job of an air ambulance attendant, and do not endanger the public or my patients in this capacity. Lastly, I am in compliance with all other requirements to be issued a provisional license as an air ambulance attendant. I have included with this letter copies of my resume, job description for a cardiac stress technician, and my paramedic licenses. Please contact me with any questions.

Sincerely,

James Morgan

- 400.100 LICENSING OF AIR AMBULANCE ATTENDANTS.** The Health Officer may issue a License to an Air Ambulance Attendant Applicant who:
- I. Possesses a current, valid EMT-P Certificate;
 - II. Has at least three (3) years of field experience (within the last five (5) years) as a Paramedic;
 - III. Has obtained from a Permittee a letter verifying employment or intent for employment;
 - IV. Has completed a District approved air ambulance attendant course; and
 - V. Has submitted an application as defined in the District Procedure for "Application for Certification/Recertification/Licensure" and "District Procedure for Air Ambulance Attendant" and is otherwise in compliance with these Regulations.
 - VI. Upon satisfactory completion of the investigation the Health Officer shall issue the License for which the application was made or reject the application in writing. The Health Officer shall provide a written notice of denial of recertification or revocation of certification setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.

**DISTRICT PROCEDURE FOR
AIR AMBULANCE ATTENDANT**
(EMS Regulations Section 400.100)

- PURPOSE:** To provide an equitable process for licensure of all air ambulance attendant applicants while maintaining appropriate quality control for the licensing agency.
- DEFINITION:** An air ambulance attendant applicant is an individual who:
1. Is currently certified as an EMT-Paramedic in Clark County;
 2. Has evidence of three years (within the last five years) of field experience at the paramedic level; and
 3. Has a letter from an air ambulance service verifying employment or intent for employment.
- PROCEDURE:** Application Process:
- I. The following documentation must be submitted to the Health District prior to the commencement of EMS licensure testing:
 - A. Resume outlining evidence of three years (within the last five years) of field experience (unless currently meets the requirement as a Clark County paramedic). Note: Contact information for all listed employers must be provided;
 - B. Copy of government-issued photo identification card;
 - C. Complete the “*Application for Initial Certification/Licensure*,” along with the non-refundable, non-transferable fee(s);
 - D. Copy of current certification in healthcare provider CPR;
 - E. Copy of current certification in advanced cardiac life support procedures for patients who require ALS care;
 - F. Copy of current certification in life support procedures for pediatric patients who require ALS care; and copy of current certification in prehospital trauma life support procedures. Reciprocity applicants will be required to complete this requirement within twelve months of initial Clark County paramedic certification. Failure to do so will result in the certification being withdrawn by the Health Officer;
 - G. Evidence of completion of a course in prehospital trauma life support procedures. Reciprocity applicants will be required to complete this requirement within twelve months of initial Clark County paramedic certification. Failure to do so will result in the certification being withdrawn by the Health Officer;
 - H. Evidence of completion of a District approved air ambulance attendant course;
 - I. Copy of skills as defined on the Health District’s “*Skills Proficiency Record*” (within the last six months);
 - J. A form documenting a physical examination completed by a physician licensed in the State of Nevada verifying the applicant’s suitability for clinical practice (within the last twelve months);

- K. A form documenting the results of a TB test (within the last twelve months);
NOTE: 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.
- L. Two complete sets of fingerprints and written permission authorizing the Health District to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report;
- M. If reciprocity applicant, see “**District Procedure for Certification via Reciprocity;**”
- N. If applicant has not held a license in the past year, the applicant must successfully complete the field evaluation as defined in the “**District Procedure for Provisional Licensure;**”
- O. Payment of all required non-refundable, non-transferable fee(s).

Testing Process:

- I. Testing is scheduled by the Health District at the Health District or predesignated location for individuals applying for EMS licensure.
- II. Successfully pass the Health District’s ALS Licensure Examination with a minimum score of 80% (within the last six months). Applicants who fail the examination must schedule subsequent examinations with the Health District and pay the required fee(s) for each examination.
- III. An applicant is allowed three opportunities to successfully complete the written licensure examination. Applicants requesting a fourth attempt must submit to the Health District, at a minimum, written documentation from the applicant’s sponsoring agency of successful completion of remedial training on BLS/ILS/ALS protocols for the Clark County EMS System. The remedial training must be conducted by an EMS Instructor.
- IV. The remedial training must be successfully completed before the fourth attempt. A maximum of six attempts will be allowed.
- V. If unsuccessful, the applicant may not take the written licensure examination for at least one year after the sixth failed attempt to be eligible for subsequent examinations.
- VI. An applicant who has had a lapse in licensure will be required to retake the licensure examination if it has been more than six months since they have been licensed with a permitted ambulance service.
- VII. The Health District will offer reasonable and appropriate accommodations for the licensure examination for those persons with documented disabilities. Applicants requesting accommodations should apply at least three weeks prior to their test date. Special considerations will be made on a case-by-case basis. For eligibility information, please refer to “Eligibility for Accommodations Due to Disability” or contact the Health District.

**DISTRICT PROCEDURE FOR
PROVISIONAL LICENSURE**

(EMS Regulations Section 400.050, 400.100, 400.400)

PURPOSE: To ensure uniformity of the process for EMT-Paramedic applicants applying for provisional licensure within the Clark County EMS System.

DEFINITION: A provisional licensure applicant is an individual who:

1. Has a letter of intent to hire, or letter of sponsorship at the appropriate level from an Authorized Training Center or a Clark County permitted ambulance service, air ambulance service, or firefighting agency; and
2. Has successfully completed the didactic and clinical sections of a national standard EMT-P course curriculum and needs to complete the internship section of the EMT-P training program; or
3. Has completed the Health District's "*Application for Initial Certification/Licensure*" for EMT-P reciprocity and needs to complete the field internship; or
4. Is certified in Clark County as an EMT-P and has not held a license within the last year.

PROCEDURE:

- I. Complete the Health District's "*Application for Initial Certification/Licensure*," along with:
 - A. Copy of current certification in healthcare provider CPR;
 - B. Copy of current certification in advanced life support procedures for patients who require ALS care;
 - C. Copy of current certification in life support procedures for pediatric patients who require ALS care; and copy of current certification in prehospital trauma life support procedures. Any paramedic applicant who has not previously completed these courses will be required to do so within twelve months of initial Clark County paramedic certification. Failure to do so will result in the certification being withdrawn by the Health Officer;
 - D. Copy of government-issued photo identification card;
 - E. Copy of skills appropriate to the level of certification as defined on the Health District's "*Skills Proficiency Record*" (within the last six months);
 - F. A form documenting a physical exam completed by a physician licensed in the State of Nevada verifying the applicant's suitability for clinical practice (within the last twelve months);
 - G. A form documenting the results of a TB test (within the last twelve months);

NOTE: 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.

- H. Two complete sets of fingerprints and written permission authorizing the Health District to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and
- I. Payment of required non-refundable, non-transferable fee(s).
- II. Successfully pass the Health District's ALS Licensure Examination with a minimum score of 80% (within the last six months).
- III. A paramedic student or out of state intern who holds an EMT-P Provisional License must complete a period of field evaluation with a permitted 911 responding agency under the direction of an authorized EMS training center and the permittee's EMS Instructor. The period of field evaluation shall not be less than 360 hours and the student/intern must demonstrate competency in accordance with the "District Procedure for Certification for EMT-Paramedic Training."
- IV. EMT-P reciprocity applicants and Clark County certified paramedics who have not held a license within the last year must complete at a minimum, 120 hours of field evaluation as approved by the Health District, under the direction of the permitted agency's EMS Instructor and demonstrate competency. If the Health District determines that the field experience was not adequate, the applicant may be required to complete additional shifts as deemed appropriate. Note: A Clark County certified paramedic who is hired by a permitted agency that responds to 911 calls will be required to complete the 120 hours of field evaluation if the initial field evaluation was done with a permittee who doesn't respond to 911 calls.
- V. The holder of an EMT-P Provisional License may only perform approved procedures under the direct supervision of an EMS Instructor until successful completion of the field internship.
- VI. A Provisional License will expire at the completion of a training course and/or the issuance of a Clark County Certificate and/or License.
- VII. A Provisional License shall not be valid for more than one year from the date of issuance and is not renewable.



STATE OF NEVADA
SOUTHERN NEVADA HEALTH DISTRICT
EMERGENCY MEDICAL SERVICES

Awards this certificate to
JAMES OLON MORGAN

**who has satisfactorily met the standards of the State of Nevada as
administered by Southern Nevada Health District and is hereby certified as a**

EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC

EMS Certification No: 59361

Issued: 9/30/2012

Expires: 3/31/2014

Copy


Interim Chief Health Officer



Issued by Southern Nevada Health District (The participating entities are the County of Clark, and the cities of Las Vegas, North Las Vegas, Henderson, Boulder City and Mesquite.)

This certificate documents the successful completion of training and testing at the level identified on the certificate under the provisions of NRS 450B and is not a license to practice.

Attachment F