

Agency _____

EMS # _____



APPLICATION FOR ENDORSEMENT TO PROVIDE COMMUNITY PARAMEDICINE SERVICES (Paramedic Applicants only)

INSTRUCTIONS: This application must be filled out in total and be accompanied by all required documentation, including a letter of intent from the permitted agency. Please submit the 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#: _____

For office use only:

Date/Initials

- Completion of the following:
- Agency letter of intent to utilize to provide Community Paramedicine Services _____
 - Payment of required fee(s) _____
 - Currently licensed as a Paramedic in Clark County _____
 - Documentation in the form of a resume of at least 3 years full-time experience as a licensed Attendant in ground or air service (if not already on file) _____
 - Copy of current District approved BCLS/BLS card _____
 - Copy of current District approved ACLS card _____
 - Copy of current District approved PALS/PEPP card _____
 - Copy of current District approved PHTLS/BTLS/ITLS/TNATC/TPATC card _____
 - Skills Proficiency Record (signed off by a Clark County endorsed EMS Instructor w/in last 6 mos.) _____
 - Certification of completion of 24 clinical hours in a public health setting, as approved by the OEMSTS _____
 - Certification of completion of 51.5 didactic hours, as approved by the OEMSTS _____
 - Approved for endorsement to provide Community Paramedicine Services _____
 - Letter denying application, if applicable _____