

EMS # \_\_\_\_\_

Agency \_\_\_\_\_



### APPLICATION FOR EMS INSTRUCTOR II 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 \_\_\_\_\_ Paramedic \_\_\_\_\_  
Level of licensure: AEMT \_\_\_\_\_ Paramedic \_\_\_\_\_ PA \_\_\_\_\_ RN \_\_\_\_\_ MD/DO \_\_\_\_\_

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

**For office use only:**

**Date/Initials**

|                              |  |       |         |
|------------------------------|--|-------|---------|
| Completion of the following: | Agency letter of intent to utilize as an EMS Instructor II   | _____ |         |
|                              | Payment of required fee(s)   | _____ |         |
|                              | EMS Instructor II Bridge Course, Fire Instructor II Certificate, or completion of entire EMS Instructor Course   | _____ |         |
|                              | If never been endorsed as either a Secondary Instructor or an EMS Instructor I, submit Skills Proficiency Record (signed off within the last six months)   | _____ |         |
|                              | Skills portion of the "Health District Monitoring Form for EMS Instructor Applicant" completed by a Clark County Endorsed Instructor II or Master EMS Instructor <b>(if not already on file)</b> | _____ |         |
|                              | Didactic portion of the "Health District Monitoring Form for EMS Instructor Applicant" completed by a Clark County Endorsed Master EMS Instructor  | _____ |         |
|                              | 80% or greater on EMS Instructor exam  | _____ | _____ % |
|                              |  | _____ | _____ % |

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The use of information collected through this office shall be limited to the purpose of providing the service for which our clients have engaged us.

|   |       |         |
|---|-------|---------|
| Documentation of remedial training  | _____ |         |
| 80% or greater on EMS Instructor exam   | _____ | _____ % |
| Approved for EMS Instructor II Endorsement<br>at the AEMT or Paramedic (circle one) level | _____ |         |
| Entered note in WebEMS  | _____ |         |
| Entered "INS" under "Employment" tab  | _____ |         |