



INSTRUCTIONS FOR RECIPROCITY APPLICANTS

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

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. NO PERSONAL CHECKS ACCEPTED.

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) or current EMS employment in Clark County prior to certificate issuance.
2. Non-refundable \$37 application fee (payable at time of application).
3. Non-refundable \$71.25 fingerprint fee (payable at time of application).
4. Copy of State of Nevada issued photo identification card.
5. Copy of current healthcare provider CPR* (front & back of **signed** card)
6. Submit the “Request for Verification of Certification” letter to all states where a certification/license was held, whether expired or not. (See next page)
7. If Paramedic, 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 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.
8. Proof of completion of a SNHD approved Weapons of Mass Destruction (WMD) training course and Health Alert Network (HAN) 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 both courses at time of application, if not already on file.
9. An applicant who previously held a Clark County certificate that has expired, and holds current certification from the State of Nevada, National Registry, or another state, 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).
10. Non-refundable certification testing fee. (Exempt: Nat’l Registry & State of Nevada applicants)
EMT: \$21 AEMT & Paramedic: \$26.25 (Payable online prior to scheduling exam)

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



REQUEST FOR VERIFICATION OF CERTIFICATION

**Authorization to release information to the Southern Nevada Health District
Office of EMS & Trauma System (Please print)**

Name: _____ Also known as: _____
(Last name, First name, MI)

Social Security Number: _____ Date of Birth: _____

Mailing address: _____ Phone #: _____
(Street, City, State, Zip)

Signature of Applicant

Date signed

THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

Status of Certification/Licensure

NHTSA National EMS Education Standards

National SOP Model

Certification / License #: _____

EMT

Emergency Medical Technician (EMT)

Advanced EMT

Advanced EMT (AEMT)

Expiration Date: _____

Paramedic

Paramedic

Status: _____

**HAS YOUR STATE TAKEN ANY DISCIPLINARY ACTION AGAINST THIS PERSON RESULTING IN A SUSPENSION,
PROBATION, REVOCATION OR DENIAL FOR EMS CERTIFICATION OR LICENSURE? YES NO**

IF YES, PLEASE DESCRIBE (USE BACK OF FORM, IF NEEDED):

IS THIS INDIVIDUAL CURRENTLY UNDER INVESTIGATION BY YOUR AGENCY? YES NO

IF YES, UPON COMPLETION OF INVESTIGATION, PLEASE NOTIFY THE SOUTHERN NEVADA OFFICE OF EMS & TRAUMA OF THE OUTCOME AND ANY DISCIPLINARY ACTION.

DO YOU KNOW OF ANY REASON RECIPROCITY SHOULD BE DENIED? YES NO

IF YES, WHY? _____

I hereby certify that the above information is true and correct as recorded by this office.

Signature Name (print) Date

Title Agency Name

Please fax, email or mail the completed form to: Southern Nevada Health District Phone: 702-759-1050
Office of EMS & Trauma System Fax: 702-759-1413
P.O. Box 3902 Email: ems@snhd.org
Las Vegas, NV 89127