



APPLICATION FOR CRITICAL CARE PARAMEDIC ENDORSEMENT VIA CHALLENGE

(Military applicants do not need to complete this form)

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. Certificate/license number: _____ Expiration date: _____
2. Documentation in the form of a resume of at least three years full-time experience as a Paramedic in ground or air service. (Not necessary if information is already on file)

For office use only: Date/Initials

Completion of the following: Agency letter of intent to utilize as Critical Care Paramedic
Payment of required fee(s)
Documentation of certification by the Board for Critical Care Transport Paramedic Certification
Skills Proficiency Record (signed off by a Clark County endorsed EMS Instructor w/in last 6 mos.)
Physician Advisor Verification of Critical Care Paramedic Skills
Copy of current BCLS card
Copy of current ACLS card
Copy of current PALS card
PHTLS/BTLS/ITLS/TNATC/TPATC

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Certification of completion of Critical Care
Transport Course _____

OEMSTS letter allowing applicant to begin internship _____

Letter from agency's Medical Director
documenting successful completion of an internship
consisting of no less than 120 hours of field experience
and no less than 10 critical care transport patient
contacts with a Clark County endorsed EMS
Instructor who is an EMS RN or Critical Care Paramedic _____

Passed BCCTCP exam _____

Approved for Critical Care Paramedic
Endorsement on License _____

Letter denying application, if applicable _____