

STATE OF NEVADA
DEPARTMENT OF HUMAN SERVICES DIVISION OF
PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS
4126 Technology Way, Suite 100
Carson City, NV 89706
(775)687-7590

REQUEST FOR APPROVAL OF EMS COURSE

APPLICANT:

(Name)

Please Print

(Agency/Organization)

(Mailing address)

(E-mail Address)

(Phone Number)

Type of Course (Check one)

☐ EMR

☐ EMR Refresher

☐ EMT

☐ EMT Refresher

☐ AEMT

☐ AEMT Refresher

☐ Paramedic

☐ Paramedic Refresher

☐ EMS Instructor

☐ Community Paramedicine

☐ C.E.U (_____ hrs)

☐ Immunization

Start Date:

Date of Completion:

Curriculum:

Textbook to be used:

Location of Course:

(Physical address and building i.e. school, library, college, ect.)

Please indicate whether or not this course will be open to the public:

☐ Yes

☐ No

Please indicate whether or not you have access to training forms via the EMS Web page:

☐ Yes

☐ No

NOTE: This request must be submitted to the State EMS Office by uploading the form to the SOAP website:

<https://nevada.imagetrendlicense.com/lms/public/portal#/login> at least 20 working days prior to the requested start date. A course outline detailing class dates, times, topics and instructors must be submitted with this request.

COURSE COORDINATOR: I will be responsible for the instruction and presentation of the above course. I understand that any omission of required information or misrepresentation will result in denial of approval and that failure to provide course completion material in the time allowed may result in denial of student certification. I will adhere to the Nevada Revised Statutes and Administrative Code 450B.

Name: (Please Print)

Signature (Sign in **BLUE** ink)

Date:

PHYSICIAN OF RECORD: I have reviewed the course outline and list of instructors for this course and agree to provide medical direction for such. I will be responsible, along with the course coordinator, for the instruction and presentation of this course.

Name: (Please Print) MD

Signature: (Sign in **BLUE** ink)

License Number:

Date:

(EMS Office Use Only)

License Number: _____ Date: _____

Date Rec'd: _____ Recommend: Approval _____ Denial: _____

Reason for Denial: _____

Course #: _____ Approval letter sent on: _____

If you have any questions concerning this request form, please email the State EMS Office at:
healthems@health.nv.gov