VERIFICATION OF EMS LICENSE/CERTIFICATION FORM

Applicant- Complete the top portion of this form and forward it to each state or territory (not applicable to the National Registry) where you have been licensed, certified, or registered as an emergency medical services provider (make copies as necessary).

Section 1: Applicant information

Last Name:_____First Name:_____MI: ____
Address:_____City/State/Zip: _____
Original License/Certification number _____
Date issued:_____(in the state to which the form is being forwarded)
Type:___Emergency Medical Technician___Advanced Emergency Medical Technician___Paramedic
Signature_____Date: _____

TO BE COMPLETED BY VERIFYING AGENCY ONLY

Section 2: Verifying Organization: Please complete this section as fully as possible. The information you provide determine this individual's eligibility for Nevada EMS certification.
I certify that the above-named individual was issued license/certificate number: _____
License/Certificate Level:_____Issued Date:_____Expiration Date: _____

Does your agency currently require successful completion of a training program adhering to the United States Department of Transportation, National Highway Traffic Safety Administration National Standard Curriculum? YES NO. If no, please provide a brief description of the requirements this individual completed for purposes of certification. (Separate document)

Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint?___YES____NO.
If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Has the applicant been subject to a background check in your state?___YES___NO
If yes, date of last background check:_____
Please provide the criteria utilized to conduct the applicants background check:_____

Name:_____Signature:_____
Title:_____Name of Agency: _____
Address: _____City/State/Zip:_____
Telephone Number: _____Email: _____

Completed forms can be sent to the Nevada EMS Program by email: HealthEMS@health.nv.gov or fax: (775) 687-7595.

Verifying State

Seal