

▼ Applicant Demographic Information

*First Name

Middle Name

*Last Name

*Street 1

*Postal Code

Lookup

*State

Select State

▼

*City

*Birth Date

mm/dd/yyyy

 Today

*SSN

- -

☐ Show

*Primary Phone

- -

Ext:

Secondary Phone

- -

*Email

This is a required Field.

*Driver's License Number

*Driver's License State

Select Driver's License State

▼

*Driver's License Expiration Date

mm/dd/yyyy

 Today

*Upload a copy of the front side of your drivers license

 Upload File

Name

Description

Document Type

Drivers License

▼

*Is mailing address same as physical address?

☐ Yes☐ No**Occupation****Occupation Employer*****Are you active military or a veteran?**☐ Yes☐ No**▼ Statement Of Child Support Compliance****Statement of child support compliance**

Select one of the following categories:

☐ I am not subject to a court order for the support of a child.☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.**▼ Historically underserved community attestation**

Historically underserved community” means:

(1) A census tract:

(I) Designated as a qualified census tract by the Secretary of Housing and Urban Development pursuant to 26 U.S.C. § 42(d)(5)(B)(ii); or

(II) In which, in the immediately preceding census, at least 20 percent of households were not proficient in the English language;

(2) A public school in this State:

(I) In which 75 percent or more of the enrolled pupils in the school are eligible for free or reduced-price lunches pursuant to 42 U.S.C. §§ 1751 et seq.; or

(II) That participates in universal meal service in high poverty areas pursuant to Section 104 of the Healthy, Hunger-Free Kids Act of 2010, Public Law 111-296; or

(3) Qualified tribal land, as defined in NRS 370.0325. (c) “Provider of health care” has the meaning ascribed to it in NRS 629.031.

***Will you be providing emergency medical care primarily in a historically underserved community? (See the definition of a historically underserved area above)**☐ Yes☐ No

Demographic Information - 1 of 6 () Certification Level and Education Documents - 2 of 6 () **Fingerprint Waiver - 3 of 6 ()** State of Nevada Required DPS Background Check - 4 of 6 ()

▼ Certification Level and Education Documents

***Did you complete your EMS training program in Nevada or do you hold an EMS certification from the Southern Nevada Health District? (If no, you must complete the reciprocal certification)**

- ☒ Yes
- ☐ No

Application Type

	Initial
EMR	<input type="radio"/>
EMT	<input type="radio"/>
Advanced EMT	<input type="radio"/>
Paramedic	<input checked="" type="radio"/>

***Do you hold a current Nevada EMS Certification and are you applying to upgrade your current certification level? (Provisional or SNHD certifications do not count)**

- ☐ Yes
- ☒ No

***Nevada EMS Providers are required to receive training for interacting with persons with developmental disabilities. Upload your Developmental Disability certificate of completion here:**

[📎 Upload File](#)**Name****Document Type**

If you have not completed your developmental disability training, you can complete it online for free by visiting

: <https://velocityemstraining.com/shop/> (<https://velocityemstraining.com/shop/>)

***Pursuant to NRS 450B.180, Nevada EMS providers must complete Weapons of Mass Destruction (WMD) training. Upload your WMD certificate of completion here:**

[📎 Upload File](#)**Name****Document Type**

If you have not completed your Weapons of Mass Destruction training, you may complete it online for free by

visiting: <https://teex.org/class/awr160/> (<https://teex.org/class/awr160/>)

***Healthcare Provider CPR Expiration Date**



Today

***ACLS Expiration Date**



Today

***PALS Expiration Date**



Today

***ITLS/PHTLS Expiration Date**



Today

To obtain Certification as a Paramedic, you must upload the following documentation in the Supplemental Training section below:

1. **Upload a copy of your Healthcare Provider CPR card.**
2. **Upload a copy for your ACLS card.**
3. **Upload a copy of your PALS card.**
4. **Upload a copy of your ITLS or PHTLS card.**
5. **Upload a copy of your National Registry Paramedic certification card.**
6. **Upload your Paramedic course Certificate of Completion, if you do not have your Certificate of Completion contact your EMS**

coordinator.

Supplemental Education

▼ Paramedic Initial:

☰ In Progress

Level Total: 0.00 of 1501.00
Flex Hours: 0.00 of

Required

Paramedic Initial Certification Requirements

0.00 Completed	1501.00 Remaining	Topic	Required	Completed	Remaining	
		<input type="radio"/> Paramedic Course	1472.00	0.00	1472.00	<input data-bbox="1214 415 1260 462" type="button" value="+"/>
		<input type="radio"/> CPR Course	4.00	0.00 (Max: 4.00)	4.00	<input data-bbox="1214 483 1260 529" type="button" value="+"/>
		<input type="radio"/> ACLS or Equivalent	8.00	0.00 (Max: 8.00)	8.00	<input data-bbox="1214 550 1260 596" type="button" value="+"/>
		<input type="radio"/> ITLS or PHTLS	8.00	0.00 (Max: 8.00)	8.00	<input data-bbox="1214 617 1260 663" type="button" value="+"/>
		<input type="radio"/> PALS or Equivalent	8.00	0.00 (Max: 8.00)	8.00	<input data-bbox="1214 684 1260 730" type="button" value="+"/>
		<input type="radio"/> NREMT Certification Card	1.00	0.00 (Max: 1.00)	1.00	<input data-bbox="1214 751 1260 798" type="button" value="+"/>

1501.00 Total Requirements

Any education that is not able to be verified by supporting certificates of completion will be denied. The EMS Program is not responsible for invalid or insufficient information and your application could be delayed or denied.

^ License ()

Details
Workflow
Forms
Triggers
Charges
Certification
Monitors

Emergency Medical Services Initial Certification Application

Provider category with Active status
No application period set

Initial Certification Application Preview

Demographic Information - 1 of 6 ()

Certification Level and Education Documents - 2 of 6 ()

Fingerprint Waiver - 3 of 6 ()

State of Nevada Required DPS Background Check - 4 of

♥ Fingerprint Background Waiver

FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Nevada EMS Program** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.
6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize **Nevada EMS Program**, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

*Signature

Username: mabologlu

Password:

*Date

mm/dd/yyyy



Today

Demographic Information - 1 of 6 () Certification Level and Education Documents - 2 of 6 () Fingerprint Waiver - 3 of 6 () State of Nevada Required DPS Background Check - 4 of 6 ()

▼ State Required DPS Background Check

In September 2023, the Nevada Legislative Council Bureau approved legislation changes to NAC450B and the background check requirements for Nevada EMS providers. The legislation change requires all Nevada EMS providers to complete a DPS background check for initial certification with Nevada EMS Office and subsequently every 6-years. If you have not completed a DPS background check within 6-years, you will be required to complete and submit a background to the Nevada EMS Program. Answer the following questions accordingly.

The approved legislation can be found here:

R105-22AP (<https://www.leg.state.nv.us/Register/2022Register/R105-22AP.pdf>)

***Have you or are you completing a DPS background check for this application? (Background checks submitted to your employer, training program or another entity other than State EMS Program will not be accepted)**

- ☒ Yes
☐ No

***How are you completing your DPS background check with the Nevada EMS Program?**

- ☒ Provider Paid
☐ Agency Paid

***Provider Paid DPS Background Check**

- ☐ Fingerprint cards
☒ Fingerprint Express or another outside vendor that accepts the DPS processing fee on site)

Provider Paid DPS Background Check Instructions

If you are submitting background check documents via an electronic fingerprint system, you will need to provide our acct #, our ORI and our appropriate NRS citation to the LiveScan operator. They are as follows:

- Account # 880485
- ORI NV920716Z
- Reason Fingerprinted NVRS-450B-800


Please ensure the operator does not enter their department identifier in the ORI field, if so the results will not be available to our office.

Out of state providers cannot submit electronic background check documents to the State of Nevada. If you are an out of state provider, you must mail or deliver an original copy of a fingerprint card to the Department of public safety.

Bring the Nevada EMS Fingerprint Request form with you when completing your fingerprints and upload the completed Fingerprint Request Form below.


January 16, 19981 / 2100%+

Joe Lombardo
Governor




Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Ri
MS
Administra

Ihsan Azza
Ph.D., M.C.
Chief Medi
Officer

PROVIDER PAID FINGERPRINT REQUEST FORM INSTRUCTIONS

To comply with the background check requirements for the State of Nevada EMS program, please follow the steps carefully if you are paying your fingerprint fees yourself:

1. Prepare Required Documents

- Obtain the **Nevada EMS Fingerprint Request Form** from your agency or the appropriate source.
- Ensure you have valid identification as required by the fingerprinting entity (e.g., driver's license, stat ID).

2. Fill Out the Fingerprint Request Form

- Complete the **top section** of the form, which includes your demographic information:
 - Full Name
 - Date of Birth
 - Social Security Number
 - Address
- You do not need to include an agency's Account Number (MNU) on the form.

***I understand that if the Nevada EMS Office does not receive my background check results from the Department of Public Safety, my application will be considered incomplete.**

Username: mabologlu

Password:

***Background check sent to DPS on**

mm/dd/yyyy



Today

Background Check Tracking Number:

***Fingerprint Request Document Upload** Upload File**Name**

Fingerprint Request Document Upload

Description**Document Type**

Supporting Documents

▼ Background Check Attestation and Signature

I attest that all the information I have provided regarding my DPS background check is truthful and accurate. If any information regarding my background check is incorrect, I understand my application may be delayed or denied.

***Background Check Attestation Signature**

Username: mabologlu

Password:

***DPS Background Check Attestation Date**

mm/dd/yyyy



Today

▼ Criminal History***Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?**☐ Yes☐ No***Have you ever been convicted of a felony or misdemeanor other than a traffic violation?**☐ Yes☐ No***Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?**☐ Yes☐ No

Demographic Information - 1 of 6 () Certification Level and Education Documents - 2 of 6 () Fingerprint Waiver - 3 of 6 () State of Nevada Required DPS Background Check - 4 of 6 ()

Regulation Attestation

NRS 450B.180 Certification and authority of emergency medical technicians, advanced emergency medical technicians and paramedics; maintenance of central registry of certificates issued; regulations. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

- Any person desiring certification as an emergency medical technician, advanced emergency medical technician or paramedic must apply to the health authority using forms prescribed by the health authority.
 - The health authority, pursuant to regulations and procedures adopted by the board, shall make a determination of the applicant's qualifications to be certified as an emergency medical technician, advanced emergency medical technician or paramedic and shall issue the appropriate certificate to each qualified applicant.
 - A certificate is valid for a period not exceeding 2 years and may be renewed if the holder of the certificate complies with the provisions of this chapter and meets the qualifications set forth in the regulations and standards established by the board pursuant to this chapter. The regulations and standards established by the board must provide for the completion of a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:
 - (a) An overview of acts of terrorism and weapons of mass destruction;
 - (b) Personal protective equipment required for acts of terrorism;
 - (c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
 - (d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
 - (e) An overview of the information available on, and the use of, the Health Alert Network. Ë The board may thereafter determine whether to establish regulations and standards requiring additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.
 - The health authority may suspend or revoke a certificate if it finds that the holder of the certificate no longer meets the prescribed qualifications. Unless the certificate is suspended by the district court pursuant to NRS 425.540 (<https://www.leg.state.nv.us/NRS/NRS-425.html#NRS425Sec540>), the holder of the certificate may appeal the suspension or revocation of his or her certificate pursuant to regulations adopted by the board.
 - The board shall determine the procedures and techniques which may be performed by an emergency medical technician, advanced emergency medical technician or paramedic.
 - A certificate issued pursuant to this section is valid throughout the State, whether issued by the Division or a district board of health.
 - The Division shall maintain a central registry of all certificates issued pursuant to this section, whether issued by the Division or a district board of health.
 - The board shall adopt such regulations as are necessary to carry out the provisions of this section.
 - As used in this section:
 - (a) "Act of terrorism" has the meaning ascribed to it in NRS 202.4415 (<https://www.leg.state.nv.us/NRS/NRS-202.html#NRS202Sec442>).
 - (b) "Biological agent" has the meaning ascribed to it in NRS 202.442 (<https://www.leg.state.nv.us/NRS/NRS-202.html#NRS202Sec442>).
 - (c) "Chemical agent" has the meaning ascribed to it in NRS 202.4425 (<https://www.leg.state.nv.us/NRS/NRS-202.html#NRS202Sec4425>).
 - (d) "Radioactive agent" has the meaning ascribed to it in NRS 202.4437 (<https://www.leg.state.nv.us/NRS/NRS-202.html#NRS202Sec4437>).
 - (e) "Weapon of mass destruction" has the meaning ascribed to it in NRS 202.4445 (<https://www.leg.state.nv.us/NRS/NRS-202.html#NRS202Sec4445>).
- (Added to NRS by 1973, 1143 (<https://www.leg.state.nv.us/Statutes/57th/Stats197306.html#Stats197306page1143>); A 1977, 70 (<https://www.leg.state.nv.us/Statutes/59th/Stats197701.html#Stats197701page70>); 1981, 279 (<https://www.leg.state.nv.us/Statutes/61st/Stats198102.html#Stats198102page279>), 1555; (<https://www.leg.state.nv.us/Statutes/61st/Stats198108.html#Stats198108page1555>) 1991, 1916; (<https://www.leg.state.nv.us/Statutes/66th/Stats199109.html#Stats199109page1916>) 1993, 2831; (<https://www.leg.state.nv.us/Statutes/67th/Stats199313.html#Stats199313page2831>) 1995, 2548; (<https://www.leg.state.nv.us/Statutes/68th/Stats199513.html#Stats199513page2548>) 1997, 2056; (<https://www.leg.state.nv.us/Statutes/69th/Stats199714.html#Stats199714page2056>) 2003, 2953; (<https://www.leg.state.nv.us/Statutes/72nd/Stats200324.html#Stats200324page2953>) 2005, 2471; (<https://www.leg.state.nv.us/Statutes/73rd/Stats200524.html#Stats200524page2471>) 2013, 940 (<https://www.leg.state.nv.us/Statutes/77th2013/Stats201306.html#Stats201306page940>))

I have read and understand the requirement set forth in NRS 450B.180

*Signature

Username: mabologlu

Password:

*Date

mm/dd/yyyy



Today

Licensing Attestation

I acknowledge that I cannot provide patient care in Nevada for a Nevada EMS/Fire service if I do not hold a valid ambulance or air-ambulance attendant license.

*Signature

Username: mabologlu

Password:

*Date

mm/dd/yyyy



Today

- ^ **License ()**
Details
Workflow
Forms
Triggers
Charges
Certification
Monitors
- ^ **Activity ()**
History

Emergency Medical Services Initial Certification Application
Provider category with Active status
No application period set

Initial Certification Application Preview

Demographic Information - 1 of 6 ()

Certification Level and Education Documents - 2 of 6 ()

Fingerprint Waiver - 3 of 6 ()

State of Nevada Required DPS Background Check - 4 of 6 ()

▼ Signature

Certification Of An Applicant

This application must be signed and dated within the last 6 months

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements or omission of material facts herein may cause forfeiture on my part of all rights to certification and/or licensure by the State of Nevada as an Emergency Medical Technician and/or Licensed Attendant.

I hereby authorize Nevada EMS Program, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.


All fee's paid are final and non-refundable.

***Signature of Applicant**

Username: mabologlu

Password:

***Date of Applicant's Submission (must be today's date)**

 Today