



EMERGENCY PROVIDERS ORGANIZATION OF NEVADA

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

NEVADA CRISIS STANDARDS OF CARE

In the event of a catastrophic public health emergency, approved applicants of the Emergency Providers Organization of Nevada (EPON) may be called upon to serve all Nevadans by way of State Disaster Medical Advisory Consulting (SDMAC) to assist in the development of Crisis Standards of Care (CSC) recommendations. CSC recommendations will then be processed through the Nevada Division of Emergency Management to be approved by the Governor.

After your application has been vetted and approved by the Nevada Division of Public and Behavioral Health, you may be asked to also register with the state volunteer registry, <https://servnv.org/>, in order to offer an additional layer of liability protection for your service to the State of Nevada during a catastrophic public health emergency.

Please fill out the application and return to Christina Turner, Health Program Manager via email at: c.turner@health.nv.gov; fax: 775-684-5951; or mail to: Nevada Division of Public and Behavioral Health, Public Health Preparedness Program, Attn: Christina Turner, Health Program Manager, 4150 Technology Way, Suite 200, Carson City, NV 89706.

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine member status of the Emergency Providers Organization of Nevada, by the Division of Public and Behavioral Health. The information collected will be retained by the Division of Public and Behavioral Health. Applicants may obtain information regarding the location of submitted forms and records by contacting the Division of Public and Behavioral Health at the contact information listed above.

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Nevada Division of Public and Behavioral Health Crisis Standards of Care Registration Application



**Emergency Providers
Organization of Nevada**

All information provided on this registration application will be kept confidential at all times, and is the sole property of the Nevada Division of Public and Behavioral Health.

Section 1: Applicant Information

- | | |
|---|------------------|
| 1. Last Name, First Name, Middle Initial: | 2. Cell Phone #: |
| 3. Home Address: | 4. Work Phone #: |
| 6. Email Address: | 5. Home Phone #: |

Section 2: Primary Professional License/ Subject Matter Expertise Information

- | | |
|--|------------------------------------|
| 7. Professional License Type/ Area of Subject Matter Expertise: (MD, DO, RN, NP, etc.) | 8. Board Certified? |
| | No Yes |
| 9. Primary Specialty: | 10. License #: |
| | 8a. Name of Certifying Board: |
| 11. Name of Licensing Board: | 12. Exp. Date: |
| 13. Liability Insurance Carrier (if applicable): | 14. Policy Number (if applicable): |
| 15. List Facilities where you have Privileges: | |

Other Specialties:

- | | |
|---|------------------------------------|
| 16. Professional License Type/ Area of Subject Matter Expertise: (MD, DO, RN, NP, etc.) | 17. Board Certified? |
| | No Yes |
| 18. Specialty: | 19. License #: |
| | 17a. Name of Certifying Board: |
| 20. Name of Licensing Board: | 21. Exp. Date: |
| 21. Liability Insurance Carrier (if applicable): | 23. Policy Number (if applicable): |
| 24. List Facilities Where You Have Privileges: | |

If you would like to list any other specialties, please include them on a separate sheet of paper and turn in with this application.

Section 3: Current Employment Information

- | | |
|-------------------------------|---------------------------------|
| 25. Name of Current Employer: | 26. Employer Phone #: |
| 27. Employer Address: | 28. Date Started with Employer: |

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**Emergency Providers
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Section 3 Continued: Other Employment Information

29. Employer Name:

30. Employer Phone #:

31. Employer Address:

32. Date Started with Employer

Section 4: Professional References (*List three professional references in your specialty*)

33. Name

34. Phone

35. E-mail

36. Name

37. Phone

38. E-mail

39. Name

40. Phone

41. E-mail

Section 5: Additional Inquiries

42. Languages Spoken:

43. Can you provide Interpreter services?

44. If Yes, for what languages?

No

Yes

45. Have you ever been deployed on a disaster response?

46. Where?

No

Yes

47. Military Service:

48. Which Branch?

Active

Reserves

Retired

N/A

I certify under penalty of perjury under the laws of the State of Nevada, that the information provided on this form and any attachments (including the photo being an accurate representation of me) is true and current;

49. Print Name

50. Title

51. Signature

52. Date

The Nevada Division of Public and Behavioral Health will review your application and notify you upon decision. You will be asked to update your information every two years.