STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS

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 regional office 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.

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

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.

_____MD _____ _____ _____
(Name: Please Print) Signature (Sign in **BLUE** ink) License Number Date

(EMS Office Use Only)

Date Rec'd:_____Recommend: Approval_____Denial:_____

Reason for Denial:_____

Course #:_____ Approval letter sent on: _____

Mail Request to:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS
4150 Technology Way, Suite 101
Carson City, NV 89706
OR E-MAIL
EMSTraining@health.nv.gov