

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea Rivers,
MS
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

Request for Approval of EMS Course

Initial Certification Course

☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic ☐ Community Paramedicine
☐ Critical Care Paramedic ☐ EMS Instructor ☐ EMS Immunization

Refresher Course

☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic ☐ Critical Care Paramedic
☐ Community Paramedicine

Continuing Education Units (CEU)

☐ Airway ☐ Cardiology ☐ Trauma ☐ Medical ☐ Operations

Total Number of Hours: _____

Start Date: _____ End Date: _____ Textbook: _____

Location of the Course: _____

(Physical Address of where the course will be held)

Program Director/Coordinator: I acknowledge my responsibility for the instruction and presentation of the course. I understand that any omission of required information or misrepresentation may lead to the denial of course approval. Additionally, failure to submit the course completion materials within the designated timeframe may result in the denial of student certification. I commit to fully complying with the Nevada Revised Statutes and Administrative Code 450B.

Print Name (Program Director)

Signature (Ink or Digital)

Date

Print Name (Lead Instructor)

Signature (Ink or Digital)

Date

PHYSICIAN OF RECORD: I have thoroughly reviewed the course outline and instructor list for this course and agree to provide medical direction as outlined. In collaboration with the course coordinator, I will be responsible for the instruction and presentation of the course.

Physician Name (Please Print)

Signature (Ink or Digital)

License Number: _____

Date: _____

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.

If you have any questions concerning this request form, please email the State EMS Office at:

healthems@health.nv.gov