

Nevada State Board of
NURSING
Application for EMS-RN Certificate

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
 (888) 590-6726, fax (775) 687-7707, www.nursingboard.state.nv.us
To practice as an EMS-RN in Nevada, you must hold an active Nevada EMS-RN certificate and RN license.

If you wish to apply for a Nevada EMS-RN certificate, please answer all questions and include fee.
 Incomplete applications will be returned to you for completion.
 It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation.

Section 1. Basic qualifications

Yes	No	I affirm (swear) I am currently certified in advanced life support procedures for adult patients.
Yes	No	I affirm (swear) I am currently certified in advanced life support procedures for pediatric patients.
Yes	No	I affirm (swear) I am currently certified in advanced life support procedures for patients with trauma that are administered before the arrival of those patients at a hospital.
Yes	No	I affirm (swear) I have completed a program approved by the Board designed to prepare an RN to provide care in the pre-hospital setting (ambulance or air ambulance). (You must submit, with this application, a notarized copy of your certificate of completion.)
Yes	No	I affirm (swear) that within 30 days of its receipt, I will submit to my employer a copy of my EMS-RN certificate.

Section 2. Application Screening Questions

(If you answer "Yes" to any of Questions 1 through 5 below, you must attach the required documents, or your application will not be processed.)

Yes	No	<p>1. Has your occupational or professional license or privilege to practice, registration, or certificate of any level ever had any disciplinary action taken against it in any jurisdiction, or have you participated or are you currently participating in a non-disciplinary program? (Does not include driver's license or car registration) <u>If the answer is Yes</u>, you must attach to this application:</p> <p><i>a. A letter of explanation of the action, what state, and the circumstances leading to the action;</i> <i>b. Copies of documents from the board taking the action identifying the allegations, action taken and current action status (documentation of completion of requirements of any order); and</i> <i>c. A letter of recommendation from current/last employer.</i></p>
Yes	No	<p>2. Have you <u>ever</u> had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? <u>If the answer is Yes</u>, you must attach to this application:</p> <p><i>a. A detailed letter of explanation including the circumstances leading to your conviction, date convicted, actual conviction (i.e. DUI, theft, etc.), what your sentence was, and if and when you completed it;</i> <i>b. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating no records are available; and</i> <i>c. A letter of reference from your current/last employer.</i></p>

Section 2 (cont'd). Application Screening Questions

Yes	No	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing? <u>If the answer is Yes</u>, you must attach to this application:</p> <p>a. A letter of explanation that addresses the impairment or limitations of practice;</p> <p>b. A letter of reference from your current/last employer;</p> <p>c. A copy of your last employment evaluation; and</p> <p>d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</p>
Yes	No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction? <u>If the answer is Yes</u>, you must attach to this application:</p> <p>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities;</p> <p>b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and</p> <p>c. Documentation of inpatient or outpatient chemical dependency treatment.</p>
Yes	No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing? <u>If the answer is Yes</u>, you must attach to this application:</p> <p>a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</p> <p>b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</p>

Affirmation. All Applicants Must Complete

Yes	No	<p>I affirm (swear) that I have read this application and the statements made are true and correct.</p> <p>Signature _____ Date _____</p>
-----	----	---