

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.nevadanursingboard.org

To practice as a EMS-RN in Nevada, you must hold an active Nevada RN license and Nevada EMS-RN certificate.

First Name	Middle Name	Last Name	
Social Security #	Date of Birth	Telephone #	Email Address
Mailing address (if you move, please notify the Board immediately, in writing, or via the Board's website)			Apt. #
City	State	ZIP	Male Female

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 pre-hospital care of the trauma patient.
Yes	No	I affirm (swear) I have completed an orientation course which is at least twelve (12) hours long that has prepared me to function in the field.
<i>You must submit copies of your certificates of completion of the above Basic Qualification requirements with your application.</i>		
Yes	No	Have you ever served in the U.S. military?

Section 2. Application Screening Questions

(If you answer "Yes" to any question below, you **MUST** submit the required documents to avoid delays in processing your application).

Yes	No	<p>Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <p>a. Ever been denied?</p> <p>b. Ever been disciplined including but not limited to reprimanded, censured, fined, surrendered, suspended, revoked, limited or restricted, or placed on probation or monitoring?</p> <p>c. Ever been subject to a non-disciplinary probation or monitoring program?</p> <p>d. Are you the subject of a current investigation or inquiry in any state or jurisdiction?</p> <p>e. Are you the subject of a pending hearing settlement or action in any state or jurisdiction?</p> <p>If <i>any</i> answer is Yes, you must submit the following:</p> <p>a. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and</p> <p>b. Copies of documents from the state or jurisdiction where there has been action, a current investigation or inquiry</p>
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Section 2. Application Screening Questions (cont'd)

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?</p> <p><u>If the answer is Yes</u>, you must submit the following:</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; and</i></p> <p><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 available.</i></p>
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?</p> <p><u>If the answer is Yes</u>, you must submit the following:</p> <p><i>a. A letter of explanation that addresses the impairment or limitations of practice; and</i></p> <p><i>b. 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, and</i></p> <p><i>c. Documentation of inpatient or outpatient substance use disorder treatment.</i></p>
Yes	No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><u>If the answer is Yes</u>, you must submit:</p> <p><i>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities;</i></p> <p><i>b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and</i></p> <p><i>c. Documentation of inpatient or outpatient substance use disorder treatment.</i></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?</p> <p><u>If the answer is Yes</u>, you must submit:</p> <p><i>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 your full scope of nursing safely; and</i></p> <p><i>b. Documentation from your treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of the condition, and a statement regarding your ability to carry out nursing duties reliably and with good judgment</i></p>

It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation.

Affirmation. All Applicants Must Complete

I affirm (swear) that I have read this application and the statements made are true and correct.

Signature

Date

Please make sure that you:

- Have answered ALL the questions in Sections 1 and 2, and signed the Affirmation
- Are submitting copies of your certificates of completion of the Basic Qualification requirements
- If you have not submitted fingerprints for Nevada RN licensure within the previous six months, you must submit a completed fingerprint card according to fingerprint instructions.