

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 _____

Address (if you move, please notify the Board immediately, in writing, or via the Board's website) _____ Apt. # _____

City _____ State _____ ZIP _____

Section 1. Basic Qualifications

Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I am currently certified in advanced life support procedures for adult patients.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I am currently certified in advanced life support procedures for pediatric patients.
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I am currently certified in pre-hospital care of the trauma patient.
Yes <input type="radio"/>	No <input type="radio"/>	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.

You must submit copies of your certificates of completion of the above Basic Qualification requirements with your application.

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 <input type="radio"/>	No <input type="radio"/>	<p>1. 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> <ul style="list-style-type: none"> a. Ever been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring? b. Ever been subject to a non-disciplinary probation or monitoring program? AND/OR c. Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? <p><i>If any answer is Yes, you must submit the following:</i></p> <ul style="list-style-type: none"> 1. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and 2. Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ul style="list-style-type: none"> 1. A detailed letter of explanation including the events leading to your conviction; and 2. 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 or Probation Officer, etc.) or a letter/form from the court indicating no records are available.

Yes <input type="radio"/>	No <input type="radio"/>	<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><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> 1. A letter of explanation that addresses the impairment or limitations of practice; and 2. 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.
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> 1. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan; 2. Documentation from knowledgeable individual(s) documenting your length of sobriety; and 3. Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).
Yes <input type="radio"/>	No <input type="radio"/>	<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><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> 1. 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 2. 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.
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> 1. A detailed letter of explanation regarding the events leading to the suit; and 2. A copy of the complaint and current status of the case.

Section 3. Military Status

Yes <input type="radio"/>	No <input type="radio"/>	I am an active United States military member or a United States military veteran
Yes <input type="radio"/>	No <input type="radio"/>	I am the spouse of an active United States military member or surviving spouse of a veteran.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?"

Affirmation. All Applicants Must Complete

<p>I affirm (swear) that I have read this application and the statements made are true and correct. <i>If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.</i></p>	
Signature _____	Date _____

Before submitting you application please make sure that you:

- Have answered ALL the questions in Sections 1-3, 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.