



STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
5587 Wa Pai Shone Avenue Carson City, Nevada 89701
(775) 687-7678 Fax (775) 687-4911
RECIPROCITY TRAINING REGISTRATION FORM

*Individuals must enroll in the NV APPS system prior to enrolling in the course.
Instructions for enrollment in NV APPS is on the Nevada POST website.*

Applicant: _____
(Last, First, Middle)

NVELEARN User Name: _____

Email Address: _____ Phone: _____

If you're already employed with an agency in Nevada, please provide the following information:

POST ID#: _____ Date of Hire: _____

Agency Name: _____

Agency Address: _____
(City, State, Zip)

Agency Contact: _____ Agency Phone: _____

Agency Email: _____

IMPORTANT INFORMATION – PLEASE READ:

The following information is **important**, and provides details pertaining to peace officers currently certified in another state that are seeking certification in Nevada. Even if you qualify for reciprocity, your employing agency may require you to attend a Basic Academy. It is important to understand that completion of the Reciprocity training program and passing the written State Certification Examination is **not a guarantee of your eligibility** for the POST Basic Certificate. Nevada POST will verify all eligibility and confirm if all eligibility requirements have been met. If all eligibility requirements have not been met, then you will be **required to attend a Basic Academy**.

Please initial and acknowledge the following statements as true:

- _____ I have read and understand everything above.
- _____ I am agreeing to take this course and understand the money I am paying is non-refundable.
- _____ I understand that upon employment with a Nevada Law Enforcement agency, I may have to attend a full Basic Academy.
- _____ I understand completion of this course is **not a guarantee of certification, employment, and does not constitute that all eligibility requirements have been met for reciprocity through POST.**
- _____ I understand I have 90 days to complete this course. If I do not complete this course in 90 days, I will have to pay again for the course and start over.

Signature of Applicant: _____ Date: _____

Mail this completed registration form with your payment (Cashiers Check, Money Order or Agency Check) to:

Nevada POST, ATT: Reciprocity, 5587 Wa Pai Shone Avenue, Carson City, NV 89701

POST will verify payment has been processed and contact you, via email with confirmation of your enrollment, within thirty (30) days of submission of this form.