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

CATEGORY III RECIPROCITY TRAINING REGISTRATION FORM

Individuals must enroll in the NV ELearn prior to starting the course: https://nvelearn.nv.gov/moodle/. Instructions for creating a NVAPPS account can be found here: **https://nvelearn.nv.gov/moodle/mod/url/view.php?id=26**

Applicant: _____
(Last, First, Middle)

NV ELearn Username: _____

Email Address: _____ Phone: _____

Employing Agency Information:

POST ID#: _____ Date of Hire: _____

Agency Name: _____ Agency

Address: _____

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 that 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 stated above.
- _____ I am agreeing to take this course and understand the fee being paid is **non-refundable.**
- _____ I am employed by a Nevada law enforcement agency in a peace officer position.
- _____ I understand completion of this course is not a guarantee of certification or employment, and does not constitute that all eligibility requirements have been met for reciprocity through NV POST.
- _____ I understand I have 90 days to complete this course. If I do not complete this course in 90 days, the fee will have to be paid again before I can restart the course.
- _____I understand that I may be required to pass the Physical Readiness Test as described in subsection 3 of NAC 289.205.
- _____I understand that if I leave employment before the Certification process is complete (Basic Certificate Issued) I may be subject to starting the Reciprocity process over again once I obtain employment. This may include, but not limited to, passing the Physical Readiness Test with my new employer.

Signature of Applicant: _____ Date: _____

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

Nevada POST, ATTN: 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