# Community Paramedicine Report

Please provide the following information pursuant to NRS 450B.1996 and NAC 450B.484. Please fill out a second form if more room is needed to complete report.

1. Total number of persons receiving Community Paramedicine Services: _____

2. Type of Community Paramedicine Services provided and the number of people receiving each service:

3. A summary of the overall impact of providing Community Paramedicine Services:

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4. An estimate of the number of transports, emergency room visits, admissions, or readmissions to a hospital **that were avoided** due the use of Community Paramedicine Services: _____