STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
EMERGENCY MEDICAL SYSTEMS

APPLICATION FOR AGENCY COMMUNITY PARAMEDICINE ENDORSEMENT

Instructions: Please type this form and fill out completely. This form must be mailed to the Division of Public and Behavioral Health, 4150 Technology Way, Suite 101, Carson City, NV 89706.

1. Permitted Agency Name: _____

   Mailing Address: _____
   (Street / P.O. Box) (City) (State) (Zip) (Phone)

2. Name of Service Coordinator: _____
   (Last) (First) (Middle)

   Mailing Address: _____
   (Street / P.O. Box) (City) (State) (Zip) (Phone)

3. Level of Agency: ☐ Basic ☐ Advanced ☐ Paramedic

4. Has the Agency ever been issued a Community Paramedicine Endorsement in another state?
   ☐ Yes ☐ No

5. Has the Agency ever had an endorsement for Community Paramedicine revoked or suspended in any other state? ☐ Yes ☐ No

6. A community paramedicine permit application must include a statement of intent which will encompass the following:
   a. Level of care provided by community paramedicine providers;
   b. Services provided within the community paramedicine program;
   c. The scope of the community paramedicine services that may be provided by an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit. The scope must not include any services that are outside the scope of practice of the emergency medical provider. The scope may include, but is not limited to, episodic assessment, care, intervention, care based on care plans developed by practitioners and/or physicians, helping a recently discharged hospital patient reestablish themselves at home, and medication reconciliation.
   d. Letter of support from the agency medical director;
   e. Evidence of a patient charting system;
   f. List of community paramedicine vehicles;
   g. Evidence that this program will not negatively impact emergency response capabilities;
   h. Approved community paramedicine protocols by the agency medical director; and
   i. A statement agreeing to provide quarterly reports to the Division.

I hereby certify that all the Attendants and Air-attendants of the Applicant are licensed in the appropriate category by the Nevada State Emergency Medical Systems Program or its duly authorized agent. I further certify that all statements made in this application are true and understand that any misstatements of facts contained herein or attached hereto may cause denial of issuance or revocation or suspension of a Permit for operation of the said Applicant in the State of Nevada.

Signature: _____ Title: _____
(Service Coordinator)

Please Print: _____ Date: _____
(First and Last Name)

OFFICE USE ONLY

Date Rec'd: _____ Approved By: _____

Permit #: _____ Permit Mailed: _____