

## **Public Safety AED Service Provider Program Application**

To apply for approval as a public safety AED service provider, the following documents/information must be submitted to the LA County EMS Agency:

- Curriculum Vitae (resume) of Program Coordinator
- Training materials including:
  - Curriculum to be used if other than AHA, ARC or POST
  - Documentation to be used for orientation and training for specific AED device(s)
  - Skill/training/testing sheet if other than AHA, ARC or POST
- Departmental policy and procedures pertaining to AED Program which should include:
  - Internal response and operational plan
  - AED event procedures
  - CPR/AED initial training and retraining requirements
  - Frequency of checking authorized users competency skills
  - Maintenance of equipment/devices
  - Data collection for quality assurance and annual report
- AED skill competency check list
- AED response form (if other LA County EMS Agency form)
- AED maintenance check list
- Letter of intent to include items listed in LA County Reference No. 413.

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**Return completed application and required documentation to:**

**Los Angeles County EMS Agency  
Attn: AED Program Coordinator  
10100 Pioneer Blvd, Suite 200  
Santa Fe Springs, CA 90670  
Phone: (562) 347-1633**

## Public Safety AED Service Provider Program Application

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|---|--|---|
| <b>Name of Provider</b>   |  |   |
| <b>Address</b>  | <b>City</b>  | <b>Zip Code</b>   |
| <b>Program Coordinator</b>  |  | <b>Title</b>  |
| <b>Phone</b><br><br>(       )   | <b>Email</b>   |   |
| <b>AED Manufacturer</b><br><input type="checkbox"/> Cardiac Science<br><input type="checkbox"/> Defibtech or Cintas<br><input type="checkbox"/> Heartsine<br><input type="checkbox"/> Medtronic<br><input type="checkbox"/> Philips<br><input type="checkbox"/> Welch Allyn<br><input type="checkbox"/> Zoll<br><input type="checkbox"/> Other - _____<br>_____ | <b>Model</b><br>Powerheart <input type="checkbox"/> G3 pro <input type="checkbox"/> G3 Plus <input type="checkbox"/> G3 Automatic<br><input type="checkbox"/> Lifeline <input type="checkbox"/> Reviver (DDU-100)<br><input type="checkbox"/> Samaritan <input type="checkbox"/> Samaritan PAD<br><input type="checkbox"/> Lifepak 1000 <input type="checkbox"/> Lifepak CR Plus<br><input type="checkbox"/> FRx <input type="checkbox"/> FR2+ <input type="checkbox"/> On-Site<br><input type="checkbox"/> AED 10 <input type="checkbox"/> AED 20<br><input type="checkbox"/> AED plus <input type="checkbox"/> AED pro <input type="checkbox"/> M Series <input type="checkbox"/> E Series<br><input type="checkbox"/> _____ |   |
| <b>Total Number of AEDs</b>   | <b>Location of AEDs (patrol vehicles, ambulances, etc)</b>   |   |
| <b>Provider response area</b>   |  | <b>Pediatric equipment?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Frequency of AED Checks * Per Manufacturer's Recommendation</b><br><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly   | <b>AED Response form</b><br><input type="checkbox"/> County EMS <input type="checkbox"/> Self Designed   |   |
| <b>Curriculum</b><br><input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross<br><input type="checkbox"/> Other _____ (must submit training material for approval)   |  |   |
| <b>Frequency of checking individual AED skill proficiency</b><br><input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____  |  |   |

**Completed by :** \_\_\_\_\_ / \_\_\_\_\_  
(Print name) (Signature)

**Title:** \_\_\_\_\_