



Los Angeles County Emergency Medical Services Agency

AED Programs
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
(562) 378-1500

AED Service Provider Program Application (EMT/Public Safety Providers)

Name of Provider			
Address		City	Zip Code
Program Coordinator			Title
Phone	Email		
Medical Oversight - Name			Title
Phone	Email		
AED Manufacturer	Model	Total Number	Pediatric Pads? <input type="checkbox"/> Yes <input type="checkbox"/> No
AED Manufacturer	Model	Total Number	Pediatric Pads? <input type="checkbox"/> Yes <input type="checkbox"/> No
AED Manufacturer	Model	Total Number	Pediatric Pads? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Trained Personnel	EMT	Non-EMT	
Curriculum (Healthcare Provider Level) <input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross <input type="checkbox"/> Peace Officer's Standards and Training (POST) <input type="checkbox"/> American Safety Health Institute <input type="checkbox"/> Other (Submit Training Materials for Approval) _____			
AED Deployment Locations (describe - patrol vehicles, ambulances, fixed locations, etc.)			

As program coordinator for the applicant AED Service Provider Program, I certify that I will adhere to the State of California EMS Regulations, Guidelines and all applicable Los Angeles County Prehospital policies. Furthermore, I certify that all information submitted with this application is true and correct.

Signature of Program Coordinator

Date

To apply for approval for an AED Service Provider Program, complete the information above and submit the following:

- | | |
|--|---|
| <input type="checkbox"/> Program Coordinator
<input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> Training Materials
<input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Medical Oversight
<input type="checkbox"/> Curriculum Vitae
<input type="checkbox"/> Applicable licenses/certifications | <input type="checkbox"/> Device Specific Training
<input type="checkbox"/> Written and Skills Performance Testing Sheets
<input type="checkbox"/> Answer Key
<input type="checkbox"/> Passing Criteria |
| <input type="checkbox"/> Attestation Form | <input type="checkbox"/> Departmental AED Policies and Procedures
<input type="checkbox"/> Internal Response and Operational Plan |
| <input type="checkbox"/> AED Inventory Roster (signed and dated)
<input type="checkbox"/> Manufacturer, Model, Serial Number, Battery Exp. | <input type="checkbox"/> AED Use Post Event Procedures
<input type="checkbox"/> CPR/AED Initial Training and Retraining Requirements |
| <input type="checkbox"/> AED Maintenance Checklist | <input type="checkbox"/> Frequency of Verifying User Skills Competency |
| <input type="checkbox"/> AED Patient Care Record/Response Form | <input type="checkbox"/> Maintenance of Equipment/Devices |
| <input type="checkbox"/> AED Personnel Roster
<input type="checkbox"/> EMT Certification #, Expiration, Issuing Agency | <input type="checkbox"/> Data Collection for Quality Assurance and Annual Report |
| <input type="checkbox"/> AED Skills Competency Checklist | |

Application Received: ____/____/____

Follow-up Letter: n/a or ____/____/____

Application Complete: ____/____/____

Approved Denied

Approval/Denial Letter Sent Date: ____/____/____

Entered in Data File: ____/____/____