

## **AED Service Provider Program Application**

To apply for approval as an AED service provider, the following documents/information needs to be submitted to the LA County EMS Agency:

- Curriculum Vitae (resume) of Program Coordinator
- Training materials including:
  - Curriculum to be used (if other than American Heart Association (AHA), American Red Cross (ARC), American Safety Health Institute (ASHI), or Peace Officer's Standards and Training (POST))
  - Documentation to be used for orientation and training for specific AED device(s)
  - Skill/training/testing sheet if other than AHA, ARC, ASHI, or POST
- Documentation of current EMT Certifications for all EMTs including issuing agency and expiration date.
- Departmental policy and procedures pertaining to AED Program shall include:
  - Internal response and operational plan
  - AED event procedures
  - CPR/AED initial training and retraining requirements
  - Frequency of checking authorized user's competency skills
  - Maintenance of equipment/devices
  - Data collection for quality assurance and annual report
- AED skill competency check list.
- AED response form (if other than an approved PCR or LA County EMS Agency form).
- AED maintenance check list.
- Letter of intent to include items listed in LA County Ref. No. 412, Automated External Defibrillator (AED) Service Provider Program Requirements.

**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) 378-1633**

## AED Service Provider Program Application

<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>		<b>Email</b>	
<b>AED Manufacturer</b>		<b>Model</b>	
<input type="checkbox"/> Cardiac Science <input type="checkbox"/> Defibtech or Cintas <input type="checkbox"/> Heartsine <input type="checkbox"/> Medtronic <input type="checkbox"/> Philips <input type="checkbox"/> Welch Allyn <input type="checkbox"/> Zoll <input type="checkbox"/> Other _____		<input type="checkbox"/> Powerheart <input type="checkbox"/> G3 pro <input type="checkbox"/> G3 Plus <input type="checkbox"/> G3 Automatic <input type="checkbox"/> Lifeline <input type="checkbox"/> Reviver (DDU-100) <input type="checkbox"/> Samaritan <input type="checkbox"/> Samaritan PAD <input type="checkbox"/> Lifepak 1000 <input type="checkbox"/> Lifepak CR Plus <input type="checkbox"/> FRx <input type="checkbox"/> FR2+ <input type="checkbox"/> On-Site <input type="checkbox"/> AED 10 <input type="checkbox"/> AED 20 <input type="checkbox"/> AED plus <input type="checkbox"/> AED pro <input type="checkbox"/> M Series <input type="checkbox"/> E Series <input type="checkbox"/> Other _____	
<b>Total Number of AEDs</b>		<b>Location of AEDs (patrol vehicles, ambulances, etc.)</b>	
<b>Provider Response Area (if not an existing 9-1-1 provider)</b>		<b>Pediatric Equipment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Frequency of AED Checks (* Per Manufacturer's Recommendation)</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<b>AED Response Form</b> <input type="checkbox"/> Approved PCR <input type="checkbox"/> County EMS <input type="checkbox"/> Self Designed	
<b>Curriculum</b>			
<input type="checkbox"/> American Heart Association <input type="checkbox"/> American Safety Health Institute <input type="checkbox"/> Other _____		<input type="checkbox"/> American Red Cross <input type="checkbox"/> Peace Officer's Standards and Training (must submit training material for approval)	
<b>Frequency of checking individual AED skill proficiency</b>			
<input type="checkbox"/> Every 2 years <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Other _____			

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

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