



## EMT/PUBLIC SAFETY AED SERVICE PROVIDER APPLICATION

Service Provider		
Administrator		
Administrator Email Address		
Mailing Address (including City and Zip Code)		
Phone #	Fax #	
Proposed Target Date for AED Implementation		
Equipment Location		
Program Coordinator	Program Coordinator Email Address	
AED Instructor	AED Instructor Email Address	
AED Instructor	AED Instructor Email Address	
<b>Attach the following:</b>		
DESCRIPTION – For detailed description refer to the EMT-I/Public Safety AED Service Provider Guide	ENCLOSED	APPROVED (EMSA use only)
1. Letter of Intent		
2. Training Program Outline		
3. Defibrillator Information		
4. CQI Program		
5. Policies and Procedures		
I agree to comply with all State and local regulations including the AED Service Provider requirements as set forth in the San Luis Obispo County EMS Agency Policy #111 EMT/Public Safety Automated External Defibrillator Program.		
Administrator's Signature	Date	

Submit this application with appropriate documentation to: San Luis Obispo County EMS Agency  
 2156 Sierra Way  
 San Luis Obispo, CA 93401

Date App. Rec'd	Letter of Receipt Sent	Authorized Personnel List Received	Signed AED Program Date	Reviewed By	Date and Signature of Approval	Date Approval Letter Sent	CE Provider Number (if applicable)