

SIERRA-SACRAMENTO VALLEY EMS AGENCY AED INSTRUCTOR APPLICATION

REFERENCE NO. 474-A

NAME	
MAILING ADDRESS	
CITY	ZIP CODE
PHONE #	PHONE #
E-MAIL ADDRESS	FAX #
AED SERVICE PROVIDER	
<p><i>Approval for authorization to instruct AED personnel, shall be based on either:</i></p> <p>(1) Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or</p> <p>(2) Be approved by the local EMS agency medical director and meet the following requirements:</p> <p style="margin-left: 40px;">(1) Be AED accredited or able to show competence in the proper utilization of an AED, and</p> <p style="margin-left: 40px;">(2) Be able to demonstrate competence in adult teaching methodologies.</p>	

SIGNATURE OF APPLICANT **DATE**

Submit this application, with appropriate supporting documentation, to:

**Data Analyst
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677**

**Phone #: (916) 625-1714
Fax #: (916) 625-1730**

S-SV EMS AGENCY USE ONLY					
<i>Date rec'd</i>	<i>Reviewed by</i>	<i>Approval based on:</i>		<i>Approval date</i>	<i>Renewal date</i>
		<i>(1)</i>	<i>(2)</i>		