

SIERRA-SACRAMENTO VALLEY EMS AGENCY AED SERVICE PROVIDER APPLICATION

REFERENCE NO. 475-A

SERVICE PROVIDER	CHIEF OFFICER
CONTACT PERSON	AED INSTRUCTOR
MAILING ADDRESS	
CITY	ZIP CODE
PHONE #	FAX #
E-MAIL ADDRESS	

Attach the following:

<i>DESCRIPTION</i> (For detailed description, see S-SV Policy Reference No. 475.)	<i>ENCLOSED</i>	<i>APPROVED</i> (S-SV use only)
a. Letter of Intent to provide AED service		
b. Description of geographic area		
c. Training program outline		
d. Letter of support from base / modified base hospital or ALS provider		
e. Defibrillator information		
f. CQI program		
g. Policies and procedures - AED orientation, AED competency, medical records, & data		

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) 625-1702
Fax # (916) 625-1730**

<i>S-SV EMS Agency Use Only</i>			
<i>Date Received</i>	<i>Reviewed By</i>	<i>Date Approved</i>	<i>Letter Sent</i>