

**Register to become a Public Access Defibrillation
Alameda County EMS Agency
Notice of New Automatic External Defibrillator Program**

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|---|------|
| Prescribing Physician's Name | |
| Prescribing Physician's Phone Number | |
| I have placed an Automatic External Defibrillator at the following location. I am serving as the prescribing physician for this public access defibrillation program as described in the California Code of Regulations, Section 100031 through 100041. | |
| Signature | Date |

| Location of AED | |
|--------------------------------|--|
| Name of Building or Complex | |
| Floor and Location Information | |
| Nearest Cross Street | |
| Closest/Fastest Street Access | |

| On-Site Contact Information | |
|-------------------------------------|--|
| Name of On-Site Contact | |
| Employer of On-Site Contact | |
| Phone Number of On-Site Contact | |
| Physical Address of On-Site Contact | |
| Mailing Address of On Site Contact | |

| AED Training/Equipment | |
|---|--|
| Person/Organization Performing Training | |
| Phone Number of Training Organization | |
| Date of Training | |
| Type, Number and Specific Location of AED Units | List the specific location of <u>each</u> AED unit. If necessary, use the back of this form: |
| Number of individuals that completed training and are authorized to use AED | |

Please complete a separate form for each AED Location. Please mail this completed form to Alameda County EMS Agency, John Vonhof, PAD Program Coordinator, 1000 San Leandro Blvd, Suite 100, San Leandro, CA 94577; fax 510-618-2099. Please call 510-618-2038 with any questions.

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| For Internal Use Only | Received | Date: | By: |
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