INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 South "D" Street
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

PUBLIC SAFETY AED SERVICE PROVIDER APPLICATION

◯ **New** ◯ **Renewal** ◯ **Update**

PROVIDER INFORMATION

Agency Name: _____

Address: _____
Number & Street City State Zip

ADMINISTRATION

Name of Proposed Medical Director: _____

Phone: _____ Email: _____

Name of Proposed Coordinator & Title: _____

Phone: _____ Email: _____

PROGRAM DETAILS (ICEMA *Reference #15060 - Public Safety AED Service Provider)*

Submit the following for review and approval prior to program implementation:

- Completed application.
- A statement indicating that the public safety AED service provider will:
  - Ensure maintenance of AED equipment.
  - Provide initial training and continued competency of AED authorized personnel every two (2) years.
  - Maintain a list of AED authorized personnel and make list available to ICEMA on request.

Additional items may be requested.

Completed by (Print Name): _____

Signature: _____ Date: _____

(ICEMA Use Only)

Date Received	Reviewed By	Requirements Verified	Approval Date	Expiration Date

Comments: _____