



Yolo County Emergency Medical Services Agency AED

Revised Date: September 1, 2018

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) SERVICE PROVIDER APPLICATION FORM

Service Provider:

Mailing Address:

City: State: Zip:

Contact Person: Title:

Contact Phone #: Fax #:

Contact Person Email:

AED Instructor Name:

DESCRIPTION *(Attach the following)*

YEMSA USE ONLY

Enclosed Approved

<input type="checkbox"/> Letter-of-Intent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Geographical Boundaries	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Training Program (outlined)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Letter of Support (Base Hospital)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AED Information	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuous Quality Improvement (CQI) Program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information on this application and enclosed documents, to the best of my knowledge, are true and correct.

Signature

Date

Printed Name & Title of Signature Above

*This form and all required items may be mailed, emailed, or placed in the drop box at the address above.
The drop box is located across from the stairs and is labeled YEMSA drop box and is the preferred method!
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: