



Yolo County Emergency Medical Services Agency
AED

Revised Date: September 1, 2018

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
INSTRUCTOR APPLICATION FORM**

Name: _____ Email: _____
 Day Phone #: _____ Fax #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 AED Service Provider: _____

Approval for authorization to instruct AED personnel shall be based on either:

- I. Completion of an American Heart Association (AHA) recognized Instructor Course or equivalent including instruction and training in the use of an AED, or
- II. Be approved by the Yolo County Emergency Medical Services Agency (YEMSA) Medical Director and meet the following requirements:
 - A. Be AED accredited or able to show competence in the proper utilization of an AED, and
 - B. Be able to demonstrate competence in adult teaching methodologies.

I certify all information on this application, to the best of my knowledge, is 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: