



Yolo County Emergency Medical Services Agency
AED

Revised Date: July 15, 2019

**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
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- | | | |
|---|--------------------------|--------------------------|
| <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 application and all required items may be mailed or emailed.
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: