

**Sacramento County Emergency Medical Services Agency
Non-Licensed / Non-Certified Personnel
Automated External Defibrillator (AED) Provider
Registration**

Organization / Provider Name: _____

Street / City / Zip: _____

Authorized Representative / Contact Person - Name: _____ Phone: _____ Fax: _____

Authorizing Physician - Name: _____ Phone: _____ Fax: _____

Will the AEDs be accessible by the general public? YES _____ NO _____

Quantity / Type of Automated External Defibrillators (AED): _____

AED Location(s) / Description of Service Area: _____

1. This document serves as a registration form for Sacramento County Automated External Defibrillator (AED) Providers utilizing Non-Licensed or Non-Certified Personnel.
2. This registration has been developed in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 1.8, the California Health and Safety Code, Division 2.5, and Sacramento County Emergency Medical Services (SCEMS) Policies, Procedures and Protocols.
3. AED utilization is with the understanding that it is the responsibility of the Non-Licensed / Non-Certified Personnel AED Provider to maintain current knowledge of, and adhere to, all applicable state law, regulation and county policy regarding the use of Automated External Defibrillators.
4. As an Non-Licensed / Non-Certified Personnel AED Provider, the provider will:
 - a. Provide orientation of AED authorized personnel to the AED;
 - b. Ensure maintenance of AED equipment;
 - c. Ensure initial training and continued competency of AED authorized personnel;
 - d. Collect and report to SCEMS as requested, data regarding the use of the AED.

Provider Authorized Representative:

Print Name: _____

Signature: _____ Date: _____

Mail original to: Sacramento County Emergency Medical Services Agency ■ 9616 Micron Avenue, Suite 635 ■ Sacramento, CA 95827