



# San Joaquin County

## Emergency Medical Services Agency



<b>NOTIFICATION OF NEW PUBLIC ACCESS DEFIBRILLATION PROGRAM</b>	
<b>Physician Information</b>	
Prescribing Physician Name	
Physician California License Number	
Physician Address:	
Prescribing Physician Phone Number:	
<b>Location of AED (if multiple addresses, report each one on a separate form)</b>	
Name of Company	
Address where AED is located:	
Name of onsite contact:	
Phone number of onsite contact	
<b>AED Training and Equipment</b>	
Person/Organization Performing Training	
Phone Number of Training Organization	
Address of Training Organization	
Make and Model of the AED	
Specific Location of the AED	
How many employees will be trained to use the AED?	

Please return the completed form by fax or mail to:

San Joaquin County EMS Agency  
PO Box 1020  
Stockton, CA 95201  
Fax (209) 468-6725