



San Joaquin County

Emergency Medical Services Agency



NOTIFICATION OF NEW PUBLIC ACCESS DEFIBRILLATION PROGRAM	
Physician Information	
Prescribing Physician Name	
Physician California License Number	
Physician Address:	
Prescribing Physician Phone Number:	
Location of AED (if multiple addresses, report each one on a separate form)	
Name of Company	
Address where AED is located:	
Name of onsite contact:	
Phone number of onsite contact	
AED Training and Equipment	
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 220
French Camp, CA 95231
(209) 468-6818
Fax (209) 468-6725