NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Services

Notice of Intent to Provide Public Access Defibrillation

Original Notification ☐ Update ☐

Entity Providing PAD

Name of Organization	Agency Code	( ) Telephone Number
Name of Primary Contact Person		E-Mail Address
Address City State Zip		( ) Fax Number

Type of Entity (please check the appropriate boxes)

☐	Ambulance	☐	Restaurant	☐	Private School
☐	Business	☐	Fire Department/District	☐	College/University
☐	Construction Company	☐	Police Department	☐	Physician's Office
☐	Health Club/Gym	☐	Local Municipal Government	☐	Dental Office or Clinic
☐	Recreational Facility	☐	County Government	☐	Adult Care Facility
☐	Industrial Setting	☐	State Government	☐	Mental Health Office or Clinic
☐	Retail Setting	☐	Public Utilities	☐	Other Medical Facility (specify)
☐	Transportation Hub	☐	Public School K – 12	☐	Other (specify)

PAD Training Program CPR AED training program must meet or exceed current ECC Standards.

Automated External Defibrillator

Manufacturer of AED Unit		Is the AED Pediatric Capable? ☐ Yes ☐ No	Number of Trained PAD Providers	Number of AEDs

Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	Physician NYS License Number	( ) Telephone Number
Address City State Zip		( ) Fax Number

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person	( ) Telephone Number
Name of 911 Dispatch Center and Contact Person	County

Authorization Names and Signatures

CEO or Designee (Please print)	Signature	Date
Physician or Hospital Representative (Please print)	Signature	Date

 Send completed form and Collaborative Agreement to the REMSCO in your area.