



COMMUNITY AED RESPONDER ENHANCEMENT (C.A.R.E.) PROGRAM

Registration Form

To register your AED with local emergency service agencies, please fill out the following form.

AED Owner's/ Company Name:

Enter the name of the organization or individual that owns the AED

AED Prescribing Physician's Contact information:

Please enter the name of the physician who prescribed the AED. This physician is responsible for the appointment of an AED coordinator; development and review of policies and procedures that define standard of patient care and use of the AED; supervision of a quality improvement program, including review of response documentation and rescue data for all application of the AED; oversight of in-house and continuing AED training; providing advice regarding medical care of those in need of such care; and is ultimate authority for patient care and medical direction activities.

Physician's Name

Street or Box Number

City

State

Zip Code

Telephone Number

AED Coordinator's Contact Information:

Enter the name of the individual who has been appointed by the physician to serve as the AED coordinator AED program coordinator will be responsible for a written plan and documentation of the AED maintenance program.

AED Coordinator's Name

Street or Box Number

City

State

Zip Code

Telephone Number

Email Address

AED Equipment Information:

Date AED was installed (MM/DD/YYYY)

AED Manufacturer

AED Model Number

AED Serial Number

Where is the AED Located?

Please note: Local EMS agencies will be notified of your AED registration based on the address information entered below. Please be sure and put the address where the AED is physically located rather than your corporate headquarters or other address.

Location / Building Name

Street Address

City

State

Zip Code

Alarmed Locked AED Cabinet: (Yes or No)

Where is the AED located at the address? Be as specific as possible.

What is your CPR/AED training status?

No Training

Pending

Completed