New York State Department of Health

Bureau of Emergency Medical Services

Notice of Intent to Provide Public Access Defibrillation

Original Notification ☐ Update ☐

Entity Providing PAD

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

Type of Entity (please check the appropriate boxes)

☐	Business	☐	Fire Department/District	☐	Private School
☐	Construction Company	☐	Police Department	☐	College/University
☐	Health Club/ Gym	☐	Local Municipal Government	☐	Physician's Office
☐	Recreational Facility	☐	County Government	☐	Dental Office or Clinic
☐	Industrial Setting	☐	State Government	☐	Adult Care Facility
☐	Retail Setting	☐	Public Utilities	☐	Mental Health Office or Clinic
☐	Transportation Hub	☐	Public School K – 6	☐	Other Medical Facility (specify)
☐	Restaurant	☐	Public School 6 - 12	☐	Other (specify)

PAD Training Program

☐	American Heart Association	☐	National Safety Council	☐	REMSCO of NYC, Inc
☐	American Red Cross	☐	Emergency Services Institute	☐	EMS Safety Service, Inc
☐	American Safety & Health Institute	☐	Medic First Aid International	☐	State University of NY

Automated External Defibrillator

Manufacturer of AED Unit	Model of AED Pediatric Capable ☐	Number of Trained PAD Providers	Number of AEDs

Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician)	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

DOH-4135(5/06) ***Complete this form and send it with your completed Collaborative Agreement to the REMSCO for you area***