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

Notice of Intent to Provide Public Access Defibrillation

#8

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