Certification of Compliance for Albany County
Public Access Defibrillator (PAD) Provider Program

Please place an "X" in the box preceding a specific action step indicating that the given step has been completed.

- ☐ Entered into a collaborative agreement with an Emergency Health Care Provider (EHCP)
- ☐ Developed written policy and procedures for operation of a PAD Program
- ☐ Purchased an approved AED
- ☐ All required personnel have successfully completed an approved training course in CPR and the operation of an AED
- ☐ Submitted a *Notice of Intent* and a written *Collaborative Agreement* with the Regional Emergency Medical Services Council
- ☐ Provided written notice of AED availability to the local 911 service and/or the community equivalent ambulance dispatch service
- ☐ Posted signage at the main entrance to the facility identifying presence and location of AED

Once you have completed all of the above action steps, please sign and date below.

_____ _____

PAD Program Coordinator (Print Name) PAD Program Coordinator (Signature)

_____

Date

Please mail or FAX a copy of the completed certification to the Commissioner's Office c/o Deanna Lamb by April 16, 2010.

Deanna Lamb, Confidential Secretary
Commissioner's Office
Albany County Dept. of Health
175 Green Street, PO Box 678
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