

State of Louisiana

Department of Health and Hospitals
Bureau of Emergency Medical Services

AUTOMATED EXTERNAL DEFIBRILLATOR ACQUISITION NOTIFICATION

In compliance with R.S.1236.13, the following information is being provided to the Bureau of Emergency Medical Services:

Entity/Person

Name	<input type="text"/>		
Point of Contact	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

AED

Acquisition Date	<input type="text"/>	Serial Number	<input type="text"/>
Make	<input type="text"/>	Model	<input type="text"/>
Location	<input type="text"/>		

"Any person or entity that possesses an AED shall ensure that a licensed physician or advanced practice registered nurse who is authorized to prescribe is involved in the possessor's program to ensure compliance with the requirements for training, emergency medical service (EMS) notification, and maintenance. "

Name	<input type="text"/>	License Number	<input type="text"/>
Address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

A copy of this notification is also being submitted to the local EMS and fire department. I understand that this notification shall remain in effect unless changes occur in the information provided. I further understand it is my responsibility to submit timely updates as necessary, and to remain in compliance with R.S.1236.13. I understand that typing my name below serves as an electronic signature for purposes of this form.

Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>