

**NEW MEXICO CARDIAC ARREST RESPONSE AED PROGRAM
REGISTRATION APPLICATION**

APPLICATION DATE _____/_____/_____
MO/ DAY/ YR

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INITIAL REGISTRATION
RENEWAL REGISTRATION

AED PROGRAM NAME: _____

Supervising TTR* Name: _____ PHONE: () - _____

ADDRESS: _____ EMAIL Address: _____

OPERATING LOCATION: _____

**Trained Targeted Responder*

AED TRAINING PROGRAM: _____

ADDRESS: _____

INSTRUCTOR NAME: _____

PHONE: () - _____

TRAINED RESPONDERS: _____
(See Required Attachments)

AED PLACEMENT LOCATION(s): _____

ADDRESS: _____ PHONE: () - _____

EMS NOTIFICATION:

EMS SERVICE

EMERGENCY DISPATCH

DATE: _____/_____/_____
MO/ DAY/ YR

DATE: _____/_____/_____
MO/ DAY/ YR

SERVICE NAME: _____

SERVICE CONTACT: _____

I/We, _____ agree to comply with all AED Program Requirements as set forth in the State of New Mexico, Cardiac Arrest Targeted Response Program, Section 9. A fee of \$75.00 (Initial Application)/\$50.00 (Renewal Application) is attached.

Program Supervisor

DATE: _____/_____/_____
MO/ DAY/ YR

Mail your application, fee and attachments to the address below. Make your check payable to the Injury Prevention and EMS Bureau. If you have questions regarding your application, contact the Bureau at 505-476-8200:

**Cardiac Arrest/AED Program
EMS Bureau
1301 Siler Road Bldg F
Santa Fe, NM 87507**

NOTIFICATION OF AED PROGRAM

(Copy to be provided to local EMS Services and Emergency Dispatch Agencies)

NOTIFICATION DATE:

____/____/____
MO/ DAY/ YR

INITIAL/RENEWAL REGISTRATION DATE:

____/____/____
MO/ DAY/ YR

NOTIFICATION TO:

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EMS Service

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Emergency Dispatch Agency

AED PROGRAM NAME:

AED Program Supervisor:

PHONE: () -

ADDRESS:

EFFECTIVE AED PROGRAM START DATE:

NOTIFICATION OF: (CHECK ONE)

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PROGRAM ACTIVATION (PROVIDE ALL INFORMATION BELOW)

PROGRAM CANCELLATION

PROGRAM CHANGES

AED PROGRAM LOCATION:

ADDRESS:

PHONE: () -

EMS/911 NOTIFIED:

YES

☐

NO

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OPERATIONAL AREA:

AED PLACEMENT:

DIRECTIONS TO LOCATION FOR EMS:

AED EQUIPMENT AT SITE: LOCATION:

of AEDs

MANUFACTURER

MODEL

ADDRESS:

PHONE:

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