

SHARE PROGRAM - AED REGISTRATION FORM

Registration Type (check all that apply):

- New registration Update to existing registration - new contact info
- Update to existing registration - additional AED(s) Update to existing registration - replacement AED(s)
- Update to existing registration – other

Business or Individual Name: _____

Nature of Business: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Email Address: _____

Contact Phone Number: _____

Number of AEDs: _____ AED Manufacturer: _____

AED Serial Numbers & Locations (Specify the serial number and location of each AED—street address, city, building, floor, suite, etc.) (please use additional sheets for more than 5 AED locations)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Number of Employees: _____

Training Information:

Number of individuals to be trained in the use of the AED: _____

Training curriculum: SHARE Condensed Curriculum AHA Red Cross

What date will initial training be complete and AED(s) ready for use? _____

As a participant in the SHARE Program, I can expect medical direction and QA service at no cost and I agree to the SHARE Program requirements below:

- 1. Provide documentation of training on request
- 2. Maintain names of all individuals trained in AED use
- 3. Provide name of manufacturer of all AEDs purchased
- 4. Provide completed incident data form and event data from device for all AED uses within five (5) business days of incident
- 5. Provide name and contact information for medical director if other than SHARE is selected
- 6. Maintain their AEDs in a “ready to operate” state adhering to manufacturer recommended maintenance, required updates, and battery/electrode replacement*

*Please note: it is the owner’s responsibility to check their AED(s) regularly for readiness and to replace batteries/electrodes according to the manufacturer’s recommendations.

Please FAX completed form to: Paula Brazil, (602) 364-3568 FAX
Questions? Phone (602) 364-0580
THANK YOU