

# STREMS

## AED Permit Renewal



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**Part 1 - Training: To be completed by Service's Medical Director**

has, in the previous 24 months, provided its personnel with AED training at least twice a year

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*Name of Agency*

*Service Medical Director (please print)* \_\_\_\_\_

\_\_\_\_\_

*Signature*

Date \_\_\_\_\_

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**Part 2: To be completed by Service's Medical Director**

\_\_\_\_\_ has accomplished the following:

*Name of Agency*

1. All providers adhere to and meet educational criteria as required by myself as the service's Medical Director.
2. The service carries and utilizes all appropriate and proper equipment, adequately maintained.
3. The service provides me with all appropriate documents whenever the AED is used.

*Service Medical Director (please print)* \_\_\_\_\_

\_\_\_\_\_

*Signature*

Date \_\_\_\_\_

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**Part 3: To be completed by service's chief Executive Officer**

has, for the previous 24 months, and will continue to, carry and utilize appropriate and proper equipment, adequately maintained.

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*Name of Agency*

*Service CEO Name (please print)* \_\_\_\_\_

\_\_\_\_\_

*Signature*

Date \_\_\_\_\_