

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Dena Schmidt,
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) ACTIVATION RECOGNITION FORM

*Agency name: _____

*Your name: _____

AED Activation Information

*Activation date: _____

*Activation location: _____
City and State

*Name and title of individual who activated the AED:

First and Last Name

Title

* Is this person still with your department? _____ / _____
Yes No

* Mailing Address for Recognition Materials

Mailing Street Address

City

State

Postal Code

Email the completed Automated External Defibrillator (AED) Activation recognition form to Michael Bologlu and Nicholas Harvey at the Nevada Emergency Medical Service Program.

Michael Bologlu: mbologlu@health.nv.gov – Nicholas harvey: nharvey@health.nv.gov

Thank you for participating in this recognition initiative.

