

Joe Lombardo  
Governor



Laura Rich  
Director

## DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH



Andrea R. Rivers,  
MS  
Administrator  
  
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Chief Medical  
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### AUTOMATED EXTERNAL DEFIBRILLATOR (AED) ACTIVATION RECOGNITION FORM

\*Agency name: \_\_\_\_\_

\*Your name: \_\_\_\_\_

#### AED Deployment Information

\*Deployment date: \_\_\_\_\_

\*Deployment 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](mailto:mbologlu@health.nv.gov) – Nicholas Harvey: [nharvey@health.nv.gov](mailto:nharvey@health.nv.gov)

Thank you for participating in this recognition initiative.

