

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
Officer

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 – Nicholas harvey: nharvey@health.nv.gov

Thank you for participating in this recognition initiative.

