

NORTH COAST EMS
MEMORANDUM OF UNDERSTANDING FOR DESIGNATION AS AN
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROVIDER
AGENCY

This agreement is entered into by and between **North Coast Emergency Medical Services** agency, 86 E Street, Eureka, California, hereinafter referred to as “**NCEMS**”, and _____, hereinafter referred to as “**PROVIDER**.”

WHEREAS, **NCEMS** is designated the local emergency services agency by the Counties of Del Norte, Humboldt, and Lake pursuant, in part, to Division 2.5 of the California Health and Safety Code, incorporated herein by reference, and

WHEREAS, **NCEMS** may designate Emergency Medical Technician I Defibrillation (EMT-D), First Responder Defibrillation and First Aid Defibrillation training programs and Automated External Defibrillator service providers within the counties they serve as the local emergency medical services agency, and

WHEREAS, **PROVIDER** seeks designation as an Automated External Defibrillator Provider by **NCEMS** in accordance with the terms and conditions set forth herein; therefore,

IT IS MUTUALLY AGREED AS FOLLOWS:

I. Term:

This agreement shall begin on _____, and terminate on _____, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

II. **PROVIDER** Agrees:

- A. To provide Automated External Defibrillator coverage of its response area whenever possible.
- B. To have and maintain an Automated External Defibrillator compliant with **NCEMS** policies and standards, incorporated herein by reference, and to have said Automated External Defibrillator readily available for personnel who answer calls to the sick and injured.
- C. To assure continuous compliance with all **NCEMS** policies and procedures pertaining to an Automated External Defibrillator service and record keeping, incorporated herein by reference.
- D. To appoint the following liaison to **NCEMS**:

Liaison Name

Mailing Address

Day Phone

Message Phone

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FIRST RESPONDER PROVIDER AGENCY**

(continued)

- E. To assure that this liaison shall be diligent in disseminating any information from **NCEMS** to all Automated External Defibrillator accredited personnel affiliated with or sponsored by **PROVIDER**.
- F. To recognize that law, regulation, and **NCEMS** policy pertaining to Automated External Defibrillator service may be incomplete, and that this agreement may require amendment as applicable law, regulation, and policy become effective.
- G. To recognize _____ as the base hospital providing medical direction and monitoring of **PROVIDER**'s Automated External Defibrillation personnel.

III. Designation by **NCEMS**:

Execution of this agreement by all the parties designates **PROVIDER** as an Automated External Defibrillator Provider by **NCEMS**.

EXECUTED BY THE PARTIES

By:	_____	_____
	For PROVIDER	Date
	_____	_____
	Printed Name	Title
By:	_____	_____
	For NCEMS	Date
	Larry Karsteadt	Director
	_____	_____
	Printed Name	Title