

Mecklenburg Medical Alliance and Endowment and MEDIC, Mecklenburg EMS Agency Automated External Defibrillator (AED) Nomination Form

Thank you for nominating a Mecklenburg County organization or individual to receive a free AED donated by the Mecklenburg Medical Alliance and Endowment and a CPR/AED awareness training class taught by MEDIC. Please fill out all information below. Remember, not all nominees will be chosen to receive a donated AED and a free awareness training class. Each business has to meet certain criteria (listed below) and must agree to hold 2 (1 ½ hour) awareness courses with MEDIC (up to 50 employees – 25 employees in each class) and must display the donated AED by professional guidelines.

- To be considered, an organization or individual should have one (or more) of the following:*
- A. *A demonstrated need for an AED (a place where a cardiac arrest is likely to occur)*
 - B. *Cannot afford an AED*
 - C. *Already has an AED, but did not receive CPR/AED awareness training for their organization and have not clearly posted their AED system.*

Nominee: _____

Main
 Contact: _____ Title: _____

Phone Number: (Main Line) _____ (Direct)

Address: _____

	STREET	CITY	STATE
ZIP			

Type of Business: _____ Non-Profit?
YES NO

Number of Employees: _____

Does the nominated business own an AED? **YES NO**

If yes, how many? _____ Did an AED supplier professionally install their equipment?

Has the nominated business offered CPR/AED training for their employees? **YES NO**
 If yes, was it mandatory? Why or Why Not?

Is the nominated business willing to hold 2 (1 ½ hour) CPR/AED awareness training sessions during business hours?

_____ If not, when would a training session likely take place?

Briefly, please explain why the nominated company should receive a donated AED and free CPR/AED awareness training (you do not need to limit your answer to below, if needed, please use another sheet).

Nominator Information			
Name: _____		Phone: _____	
Address: _____			
STATE	ZIP	STREET	CITY
Employer: _____			

Please Return Completed Nomination Form to: MEDIC, Mecklenburg EMS Agency, Attn: Kristin Young, 4525 Statesville Road, Charlotte, NC 28269 or fax to 704.943.6001 or email to kristiny@medic911.com