

HEART SAFE COMMUNITY APPLICATION

APPLICANT INFORMATION		
Name of Municipality:		
Primary Contact for HEARTSafe Community:		
Phone:	Email:	
EMERGENCY MEDICAL SERVICE (PRIMARY)		
Organization/Agency:	Head of Service:	
Address:		
City:	State:	Zip
Phone:	Fax:	Email:
EMERGENCY MEDICAL SERVICE (SECONDARY)		
Organization/Agency:	Head of Service:	
Address:		
City:	State:	Zip
Phone:	Fax:	Email:
Is ALS dispatched to all possible cardiac emergencies?		
MUNICIPAL LEADER		
Name	Title:	
Address:		
City:	State:	Zip
Phone:	Fax:	Email:
TOWN INFORMATION		

HEART SAFE COMMUNITY APPLICATION

MUNICIPAL LEADER		
Population:		
Number of Public Schools:		
Do the schools have an emergency response plan? If yes please attach:		
PRIMARY HOSPITAL		
Hospital Name:		
Medical Director:		
Address:		
City:	State:	ZIP Code:
Phone	Fax:	Website:
SIGNATURES		
EMS HEAD OF SERVICE		DATE
HEAD OF HEART SAFE PROGRAM		DATE
MEDICAL DIRECTOR		DATE
MUNICIPAL LEADER		DATE