

Middle Tennessee State University
Written Notice of the Establishment of the AED Program

Date:

**ACKNOWLEDGEMENT OF RECEIPT
OF COMPLETED FORM REQUESTED**

Responsible MTSU Department (AED Owner):

Responsible MTSU Employee (AED Director): Alternate:

Name: Name:

Title: Title:

Phone: Phone:

Mailing address of location where AED will be placed:

Facility Name: Site within the Facility:

AED Manufacturer: Model No.:

Contact Information for local EMS: 606 East Burton Street
Murfreesboro, TN 37130
(615) 898-7790

Description of how MTSU use of AED will be coordinated with Rutherford County EMS:

How to Access AED: Times AED is available:

Willing to respond offsite if requested? Yes No

Initial Meeting Date with EMS:

AED Medical Advisor:

Contact Info:

Please send completed form to the address below or fax to (615) 907-5158. Retain a copy for your records.

Randy White
910 Old Salem Rd.
Murfreesboro, TN 37129