

Kentucky Heart Disease and Stroke Prevention Program

HeartSafe



Community Renewal Application



Kentucky Heart Disease and Stroke Prevention Program



Kentucky Public Health

Prevent. Promote. Protect.

HeartSafe Community Renewal Application Form

Kentucky Department for Public Health, Kentucky Heart Disease and Stroke Prevention Program

The Kentucky Department for Public Health, through its Heart Disease and Stroke Prevention Program, the Kentucky Board of Emergency Medical Services, and in collaboration with the American Heart Association, aim to help Kentucky's communities improve the chances that anyone suffering a sudden cardiac arrest will have the best possible chance for survival.

Cardiovascular disease is the leading cause of death in the nation and in Kentucky. Over 1,800 Kentucky residents die each year due to out-of-hospital cardiac arrest, which occurs away from advanced medical assistance. In many cases, sudden cardiac arrest happens in the presence of a family member or friend.

The HeartSafe Community program focuses on strengthening each link in the cardiac Chain of Survival. By taking action, you can help save a life in your community.

To qualify for renewal as a HeartSafe Community, please complete the entire information request in this form. **The recognition is valid for a period of three years and is renewable through the application process.**

Name/Address of county seeking renewal:

Community (County)

Address

State

Zip code

County Elected Officer (or designee):

Name

Job title

Business address

Business phone

County contact:

Contact person name

Title

Phone number

Email address

EMERGENCY MEDICAL SERVICE PROVIDERS

1. Designated First Responder(s) (DFR):

<hr/>		
<i>Organization/Agency</i>	<i>Contact person(s)</i>	
<hr/>		
<i>Address</i>	<i>Phone</i>	<i>Email address</i>
<hr/>		
<i>Organization/Agency</i>	<i>Contact person(s)</i>	
<hr/>		
<i>Address</i>	<i>Phone</i>	<i>Email address</i>

The DFR is AED equipped and staffed with currently certified AED personnel: Yes No

Basic Level Provider(s):

<hr/>		
<i>Organization/Agency</i>	<i>Contact person(s)</i>	
<hr/>		
<i>Address</i>	<i>Phone</i>	<i>Email address</i>
<hr/>		
<i>Organization/Agency</i>	<i>Contact person(s)</i>	
<hr/>		
<i>Address</i>	<i>Phone</i>	<i>Email address</i>

2. Advanced Life Support (ALS) Provider(s):

<hr/>		
<i>Organization/Agency</i>	<i>Contact person(s)</i>	
<hr/>		
<i>Address</i>	<i>Phone</i>	<i>Email address</i>
<hr/>		
<i>Organization/Agency</i>	<i>Contact person(s)</i>	
<hr/>		
<i>Address</i>	<i>Phone</i>	<i>Email address</i>

I attest that all information contained in this application is correct. Supporting documentation is on file for review.

County Elected Officer or Designee: _____

Title

Date

Name (Print)

Signature

Please mail to: Kentucky Heart Disease and Stroke Prevention Program

Kentucky Department for Public Health, 275 E. Main Street, HS2W-E, Frankfort, KY 40621

To be completed by KDPH

Name/Title (print)

Signature

Renewal Certified

Place

Date

KDPH USE ONLY

Approved

Not Approved

Use the designated spaces to describe your community's AED availability including your placement locations and AED training plan.

Please provide a detailed explanation of your AED training plan here:

Please indicate the locations of your community AED's here:

Please describe in detail an annual upkeep/evaluation process your community can use for maintaining a reliable Chain of Survival.

*If description of plans for improvement and upkeep of certification are not sufficient, the application will be returned to the appropriate contact.