



NYSAF C Request for "Save" Certificates Form

The New York State Association of Fire Chiefs issues Certificates of Commendation, commonly referred to as "Save" Certificates, to New York state fire and EMS departments and their individual members to recognize use of a defibrillator for reversal of cardiac arrest resulting in survival to discharge from a hospital.

Department: _____

Submitted By: _____ Daytime Phone: () _____

Send Certificates To:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Incident Date: ____ / ____ / ____ Patient Age: _____ Sex: _____ Time Of Call: _____

Hospital Transported To: _____

Describe Incident/Care Provided (continue on back if necessary): _____

Verification (to be completed by department medical director or chief):

"I certify that the patient involved in the above mentioned response survived to hospital discharge."

Name: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

Members to Receive Certificates (print clearly – a separate certificate will be issued for the department named above):

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

Submit Form To New York State Association of Fire Chiefs:

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063 • Fax: (518) 477-4430 • education@nysfirechiefs.com

FOR NYSAF C USE ONLY:

Total Certificates: _____ Individual: _____ Agency: _____ Mailed On: ____ / ____ / ____ By: _____