

Attachment 1

PAD Program Application

Medical Director Information:

Name: Anthony Morocco, MD, EMS Medical Director		Guam Medical License:	
Address: Department of Public Health and Social Services			
City: Mangilao, Guam		Zip Code:	
Pager#	Work#	Cell #	E-mail Address:

PAD Program Site Information:

Facility Name: Guam Public Library System		Facility Phone#: (671) 475-4753 / 475-4754	
Facility Address: 254 Martyr Street			
City: Hagatna, Guam		Zip Code: 96910	
Program Manager: Sandra M. Stanley, Administrative Officer			
Work# 475-4754	Fax# 477-9777	Cell #	E-mail address: sstanley@mail.gov.gu
Number of Employees (23)		Hours of Operation: 8 a.m. to 6 p.m. (weekdays) 9:00 a.m. to 1 p.m. on Saturdays	
AED Brand & Model Cardiac Science AED Automated External Defibrillator/Power Heart AED G3		AED Serial # 4025384	
Unusual Hazards at this Facility:			

Training Organization Information:

Name: Guam Public Library System
Address: 254 Martyr Street, Hagatna, Guam 96910
Point of Contact: Jacqueline T. Florig, Administrative Assistant
Phone #: 475-4755
Fax: 477-9777

Signing and submitting this application represents that you have read, understand, and will comply with the requirements of Guam Public Law 25-113 and the Guam EMS Rules and Regulations. Your signature also represents that all information on this application is true and correct. Return this completed application to: Department of Public Health and Social Services, Attention: Office of Emergency Medical Services, 123 Chalan Kareta Route 10, Mangilao, GU 96923.

Medical Director Signature: _____ **Date:** _____

Program Manager Signature: Sandra M. Stanley **Date:** 12-1-06