

Cardiac Ready Community Program

Letter of Intent

It is the intention of the community of _____ to obtain designation as a North Dakota Cardiac Ready Community.

We have chosen _____ as the lead organization to oversee our effort towards our Cardiac Ready Community designation.

The chair/chairpersons for our Cardiac Ready Community program will be:

Name(s): _____

Address: _____

Contact Number(s): _____

E-Mail(s): _____

Our goal is an on-going Cardiac Ready Community campaign. We want to have the best possible chance of survival for anyone suffering a cardiovascular emergency. This will be possible by raising awareness of the signs and symptoms of a cardiovascular emergency (heart attack, stroke, or sudden cardiac arrest); having residents activate the 9-1-1 system for cardiovascular related problems in lieu of going to the hospital by a privately owned vehicle; and having the elements of the Chain of Survival in place.

Please return via mail or email to:

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Cardiac and Stroke Systems Coordinator
Emergency Medical Systems
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