

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:

Christine Greff Cardiac and Stroke Systems Coordinator Emergency Medical Systems 1720 Burlington Drive, Suite A Bismarck, ND 58504 Email: cgreff@nd.gov