

Candidate's Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Credentials (certifications, etc.)**

RN     MD/DO    EMT # \_\_\_\_\_ Agency # \_\_\_\_\_

CFR     EMT-B     EMT-I     EMT-CC     EMT-P     Instructor (level) \_\_\_\_\_

Other Credentials \_\_\_\_\_

**EMS Affiliation/Organizations**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Role/Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Indicate the category for which the applicant is being nominated (See awards brochure description and criteria)**

- |   |   |
|---|---|
| <input type="checkbox"/> Basic Life Support Provider of the Year    | <input type="checkbox"/> EMS Educator of Excellence                   |
| <input type="checkbox"/> Advanced Life Support Provider of the Year | <input type="checkbox"/> EMS Communications Specialist of the Year    |
| <input type="checkbox"/> EMS Agency of the Year                     | <input type="checkbox"/> Registered Professional Nurse of Excellence  |
| <input type="checkbox"/> Youth Provider of the Year                 | <input type="checkbox"/> Physician of Excellence                      |
| <input type="checkbox"/> Harriet C. Weber EMS Leadership Award      | <input type="checkbox"/> Commissioner of Health's Award of Excellence |

**Reasons for Information**

**USE THE REVERSE SIDE OF THIS FORM ONLY. No other attachments will be accepted.**

**Describe why candidate should receive this award. Applications must be typewritten to be considered.**

Name of person or agency submitting nomination \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Regional Council Chairperson Approval \_\_\_\_\_  
SIGNATURE

Regional Council Name \_\_\_\_\_

**It is your responsibility to discuss this nomination with your candidate, for his/her acceptance.**

**Applications must be postmarked no later than June 1, 2010**

**Application must be typewritten in a font no less than 12 points.**

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**EMS Background**

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**Reason for award nomination**

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**Contribution/Impact to EMS**

**Applications must be postmarked no later than June 1, 2010**

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