

APPLICATION FOR “EMS PROVIDER OF THE YEAR”

(Application is all-inclusive for all levels of EMS care provided clinical and non-clinical, i.e. CFR, EMT-B, EMT-II, EMT-CC, EMT-P, EMD, Agency, Physician, Nurse, Instructor, etc.)

I am nominating _____ as an EMS provider of the year

Level of EMS provided: _____

Above named person/agency should receive the award because:

Include examples of dedication, responsibility and professional behavior.

Please attach any recently published material about the nominee.

List of persons to be contacted for further information about the nominee:

For example: supervisors, co-workers

Include name and means of contacting that person

Submitted by:

Name

Address:

Phone Number:

Other means of contact:

Application may be submitted at anytime with a deadline of April 1st, of the current year.

LEADERSHIP/EDUCATOR/NURSE/PHYSICIAN

Pertaining to establishing, maintaining, promoting or expanding EMS:

- 10) Longevity? 1-----2-----3-----4-----5-----6-----7-----8-----9-----10
- 11) Innovation/dedication? 1----2----3----4----5-----6----7----8----9----10
- 12) Executive and management skills? 1—2---3---4---5---6---7---8---9---10
- 13) Examples of community involvement in committees, organizations, agencies at community/county/state/federal level.

- 14) Has this nominee improved prehospital care/services through outstanding teaching, educational administration/coordination, publication or research?

- 15) Does this nominee demonstrate (as a contributor to the EMS community and in their chosen profession) dedication, responsibility, professional behavior, special skill or insight in the prehospital environment?