

**EMERGENCY MEDICAL SERVICES AUTHORITY  
AWARDS PROGRAM**

**EMS AWARD NOMINATION FORM**

Mail completed application and supplemental information to:  
California EMS Authority, External Affairs, Attn: EMS Awards Program  
10901 Gold Center Drive, Suite 400, Rancho Cordova, CA 95670  
Questions? (916) 431-3700 or externalaffairs@ems.ca.gov

**Nominee Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

EMS Agency Affiliation: \_\_\_\_\_

Rank: \_\_\_\_\_ Position: \_\_\_\_\_ Title: \_\_\_\_\_

If nominee is an EMT: EMT Level: \_\_\_\_\_ Cert. #: \_\_\_\_\_

**Nominated for:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medal of Valor                   | <input type="checkbox"/> EMS Cross                           |
| <input type="checkbox"/> Distinguished Service Medal      | <input type="checkbox"/> Meritorious Service Medal           |
| <input type="checkbox"/> Lifesaving Medal                 | <input type="checkbox"/> Community Service Award             |
| <input type="checkbox"/> EMS Administrator of the Year    | <input type="checkbox"/> Inter-Service EMS Recognition Medal |
| <input type="checkbox"/> EMS Medical Director of the Year | <input type="checkbox"/> EMS Educator of the Year            |
| <input type="checkbox"/> EMT of the Year                  | <input type="checkbox"/> Clinical Excellence                 |
| <input type="checkbox"/> EMT-I                            | <input type="checkbox"/> EMT-II                              |
| <input type="checkbox"/> EMT-Paramedic                    |  |

**Nominated by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

EMS Agency Affiliation: \_\_\_\_\_

Rank: \_\_\_\_\_ Position: \_\_\_\_\_ Title: \_\_\_\_\_

If nominator is an EMT: EMT Level: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

**I hereby nominate the individual named above for the award indicated. Documentation for the basis of this nomination is attached. I certify that this information is correct to the best of my knowledge and is based upon information personally known to me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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SUPPLEMENTAL INFORMATION TO SUPPORT NOMINATION**

- 1. Description of Basis for Nomination** (Please succinctly describe the act or service that forms the basis of this nomination. Please use additional paper as necessary):

- 2. Attach Documentation** (Please provide supporting documentation – newspaper or magazine articles, videos, etc. – that substantiate the nomination. Please label each piece of documentation with the nominee’s name as well as your name).