

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@emsa.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"/> Civilian Award | <input type="checkbox"/> Meritorious Service Medal |
| <input type="checkbox"/> Distinguished Service Medal | <input type="checkbox"/> Community Service Award |
| <input type="checkbox"/> Lifesaving Medal | <input type="checkbox"/> Inter-Service EMS Recognition Medal |
| <input type="checkbox"/> EMS Administrator of the Year | <input type="checkbox"/> EMS Educator of the Year |
| <input type="checkbox"/> EMS Medical Director of the Year | <input type="checkbox"/> Clinical Excellence* |
| <input type="checkbox"/> EMT of the Year | <input type="checkbox"/> Educational Achievement Award* |
| <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-II <input type="checkbox"/> EMT-Paramedic | <input type="checkbox"/> Service Achievement Award* |

*These decorations are authorized by the EMS Authority, but not awarded as part of the formal EMS Awards Ceremony. These decorations may be worn by individual EMTs that have met the qualifications.

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: _____

**EMERGENCY MEDICAL SERVICES AUTHORITY
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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).