NEW YORK STATE DEPARTMENT OF HEALTH
Emergency Medical Services Bureau

Application for the New York State EMS Council Annual Awards

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)

☐ Basic Life Support Provider of the Year
☐ Advanced Life Support Provider of the Year
☐ EMS Agency of the Year
☐ Youth Provider of the Year
☐ Harriet C. Weber EMS Leadership Award
☐ EMS Educator of Excellence
☐ EMS Communications Specialist of the Year
☐ Registered Professional Nurse of Excellence
☐ Physician of Excellence
☐ 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 should be submitted NO LATER THAN MAY 13, 2011

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

EMS Background

Reason for Award Nomination

Contribution/Impact to EMS

Applications should be submitted NO LATER THAN MAY 13, 2011