

Regional Award for Outstanding Contribution to EMS Health & Safety NOMINATION FORM

CRITERIA: Any individual, program, business or licensed EMS Agency within the Commonwealth of Virginia that has demonstrated comprehensive and/or significant accomplishments/programs that make a significant contribution to or provide for the health, safety and welfare of EMS providers.

ELIGIBILITY: Any individual, program, business or licensed EMS Agency within the Commonwealth of Virginia.

Examples of programs meeting eligibility for this award would include EMS provider health and wellness programs (fitness and wellness, cardiovascular health), scene safety programs (aeromedical operations, emergency vehicle operations), and provider injury prevention programs (injury prevention at violent scenes) designed to prevent line of duty death and injury. Eligible applicants include persons or entities developing or managing such programs.

Award for the Outstanding Contribution to EMS Health and Safety

Nominee Name:			
Address:	Street:		
	City:	State:	Zip:
E-mail:			
Phone:	Work:	Cell:	
Agency Affiliation:		Position:	

Nomination Submitted By:			
Address:	Street:		
	City:	State:	Zip:
E-mail:			
Phone:	Work:	Cell:	

Nominator's Signature:

Date:

DOCUMENTATION SUPPORTING NOMINATION

Read each statement carefully and answer completely. Limit documentation to the information requested. Up to three documents may be attached to the nomination form. Of these items, one letter of support written by someone other than nominator must be included. Other documents may include a resume or CV, a newspaper article written about the nominee, etc.

The following three items must be addressed in a number-by-number format:

1. Brief Description of Individual or EMS Agency Nominated: Provide a brief overview of the nominated individual, program, business or licensed EMS Agency within the Commonwealth of Virginia.
 - a. Why does this program/accomplishment deserve to be recognized?

2. Brief Abstract of Accomplishment/Program: Summarize the justification and criteria for why this nominee's accomplishment/program should be recognized.
 - a. Describe the accomplishment/program, including its objectives and clientele being served.
 - b. Describe the demonstrated comprehensive and/or significant accomplishments/programs that make a contribution to or provide for the health, safety and welfare of EMS providers.

3. The Results/Success of the Program: Provide a description of the results and success of the accomplishment/program.
 - a. Describe how the objectives were met.
 - b. Provide examples and outcome measurements when possible.
 - c. Give detailed results analysis of the program.

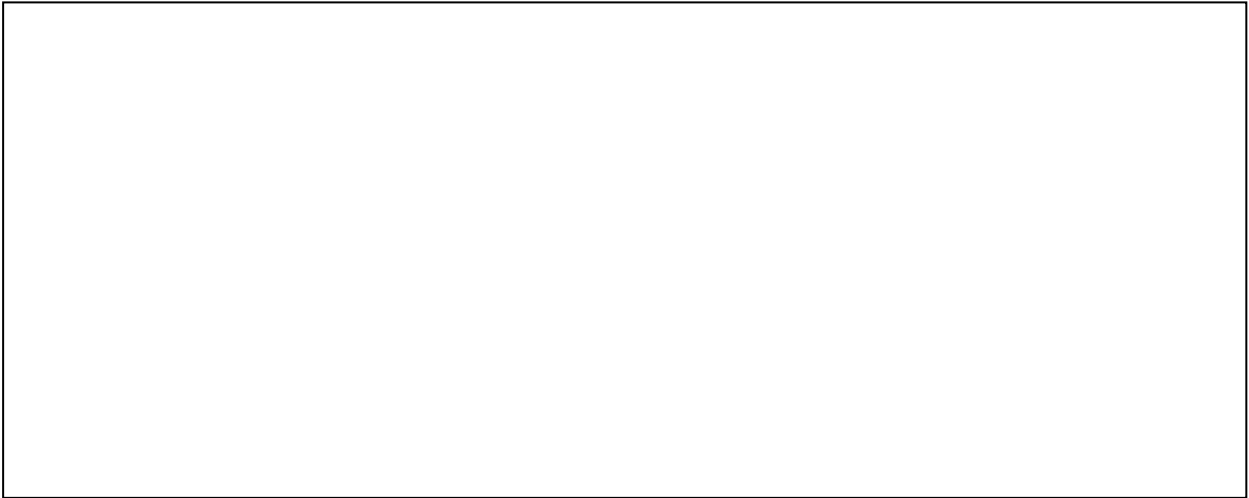


Photo Required: A photo of the nominee **must** be included. Try to send a color photo (with good lighting) with just the nominee in it. If it is an agency or organization, the photo can be a group shot of agency members, shot of agency headquarters or a logo.