



EMERGENCY MEDICAL SERVICES WEEK 2008



Application for Award Nomination

Nomination Deadline: Monday – March 17, 2008

National Emergency Medical Services (EMS) Week 2008 “EMS: Your Life is our Mission” will be celebrated **May 18-24 2008**. The Bureau of Emergency Medical Services honors the extraordinary service of those who provide day-to-day lifesaving services. The annual EMS Awards Ceremony is an excellent opportunity to recognize our state’s extraordinary EMS professionals and express our support as an Emergency Medical Community. In cooperation with Sandy City Fire Department as hosting agency, and Utah Department of Health, Bureau of Emergency Medical Services, the Awards Ceremony will be held on **Monday, May 19, 2008 10:00 a.m.** The location of the Award Ceremony will be at the Salt Lake Community College – Miller Campus, Karen Gale Miller Conference Center (KGMC), 9750 South 300 West, Sandy, Utah.

A nomination committee of EMS peers within urban and rural Utah will select the Award Recipients. All Award Applications must be **filled out completely** with attached **justification for each nomination**.



EMERGENCY MEDICAL SERVICES WEEK 2008

Award Nomination Application



EMS INCIDENT OF THE YEAR

Nomination Deadline: Monday March 17, 2008

To Be Considered for an Award: JUSTIFICATION MUST BE ATTACHED TO NOMINATION

Nominator Contact Information: So that we can contact you if we need more information.

Your Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address:

Incident Date: Date must be between **March 1, 2007 and March 1, 2008.**

Date Incident Occurred:

Location of the Incident:

Award Category: Please check one Award Category for Outstanding Performance of the Year.

Outstanding Performance in an Emergency Medical Incident:

- EMS Pediatric Incident of the Year
- Emergency Medical Incident of the Year
- EMS Search & Rescue Incident of the Year

Nominated Agency(s) Contact Information:

Include EACH agency's name and contact information for ALL Individual(s) who responded to the incident.

1. Agency Name: Phone: Address:

Name of Individual(s) who responded:

2. Agency Name: Phone: Address:

Name of Individual(s) who responded:

3. Agency Name: Phone: Address:

Name of Individual(s) who responded:

Patient Contact Information - Required: Permissions must be obtained by agency before using names

Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address: