



## 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



### Individual Outstanding Performance

Deadline: Monday March 17, 2008

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

#### Nominator Contact Information (contact you if we need more information):

Your Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address:

#### Award Category: Please check one Award Category

##### Outstanding Performance of the Year

- Emergency Physician
- Emergency Nurse
- Paramedic
- Emergency Medical Technician
- Emergency Medical Dispatcher
- EMS Instructor
- EMSC Coordinator of the Year
- Health Emergency Manager of the Year
- Citizen(s) of the Year

##### Additional Categories:

- EMSC System Improvement Award
- Distinguished Service Award
- Outstanding Search & Rescue
- Law Enforcement Contribution
- Outstanding Employer Support for EMS Volunteers

#### Individual Nominee Contact Information:

Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address:

Agency:

Phone:

Address:

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

Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address: