



Regional Award for Outstanding EMS Agency NOMINATION FORM

CRITERIA: An EMS agency that exemplifies outstanding professionalism and service to its community; whose high level of patient care is evident by innovative training, community awareness, preventive health programs, public relations efforts and participation in local, regional and statewide EMS systems.

ELIGIBILITY: Any currently licensed or official agency that is recognized by the state or federal government that is based in Virginia and is directly responsible for responding to emergencies or disasters and providing the direct delivery of care. Includes governmental, commercial, volunteer, hospital, industrial and air ambulance services.

Award for Outstanding EMS Agency

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|-------------------------------|---------|-----------|------|
| Nominee Name: | | | |
| Address: | Street: | | |
| | City: | State: | Zip: |
| Email: | | | |
| Phone: | Work: | Cell: | |
| Agency Affiliation: | | Position: | |
| Agency License Number: | | | |

| | | | |
|---------------------------------|---------|--------|------|
| Nomination Submitted By: | | | |
| Address: | Street: | | |
| | City: | State: | Zip: |
| Email: | | | |
| 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.

Please address the following items:

1. Brief Abstract of Agency being Nominated: Executive summary and justification for why this EMS agency should receive this award. Describe this EMS agency's qualities and contributions as a leader and educator in their community and within their agency. **You are encouraged to consider the following questions when providing your response to this section.**
 - a. How does this EMS agency exemplify outstanding professionalism and service to their community?
 - b. How does this EMS agency support their providers?

2. Description of Programs that Maintain Patient Care: Describe this EMS agency's enhanced programs, which provide a high level of patient care that is evident through innovative training, community awareness, preventive health programs, public relations efforts and participation in the local, regional and state EMS systems.

Photo Required: A high-resolution digital 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.

Governor's EMS Awards

- Only regional winners will be judged at the state level in the Governor's EMS Awards program.
- The EMS Awards Selection Committee will review the first place winners in each of the 11 Regional EMS Councils competition. Winners selected at the state level will be forwarded with the Committee's recommendations to the Governor.
- Governor's award nominees become ineligible to receive the Governor's EMS Award if they have won in the same category within the last five years.
- If the applicants in an award category fail to meet the required criteria, then the Nomination Committee can omit the selection of a winner for that category. If a nominee is better suited in another award category, the Regional EMS Council is responsible for making that change before submitting it to the Committee.

Guidelines

- Anyone may submit nominations for the Regional EMS Awards.
- Nominations for the Governor's EMS Awards MUST be submitted through the Regional Awards Program. Failure to do so will render the nomination invalid and it will not be presented to the Governor's EMS Awards Selection Committee.
- For all categories the nomination may be based on a pattern of conduct/activities that has culminated in an exceptional improvement of the emergency medical services system in the locality, region or state. The nomination may also be based on a single unusual event that was beyond ordinary duty.
- Using the official Nomination Form on the Regional EMS Council webpage, nominations can be submitted electronically or typed on the Nomination Form and mailed to the Regional EMS Council.
- The person making the nomination should have extensive knowledge of the nominee's qualifications and carefully select the category that most appropriately matches the nominee's accomplishments.
- The nominee must have current licensure or certification in the category in which he or she has been nominated.
- One letter of recommendation and a maximum of two additional attachments, which can include a resume or CV, newspaper/periodical articles or other materials, may be included with the nomination form. Please note: Only three attachments in total will be accepted.

Don't send nomination form until you've completed this checklist!

- Did you supply all the information required on the nomination form and the type of information that will help judges select the most outstanding nominee?**
- Has the nominee met all of the criteria for this award category? If not, please consider another category. Nominees that are incorrectly categorized will not be considered.**
- Did you include supporting materials if the category requires them?**
- Did you include a high resolution digital photo of the nominee?**
- Will you meet the required deadline for entries?**