



2018 BREMS Regional EMS Award for Outstanding Contribution to EMS Telecommunication NOMINATION FORM

CRITERIA: An emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer whose outstanding dedication and service has demonstrated an exceptional contribution to the improved delivery of emergency medical services in the local, regional or statewide EMS system.

ELIGIBILITY: An emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer who is employed or volunteers with an organized emergency medical services dispatch center or public safety answering point in Virginia.

Award for Outstanding Contribution to EMS Telecommunication

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

| | | | |
|---------------------------------|---------|--------|------|
| 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 Person Being Nominated: Executive summary and justification for why emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer should receive this award. **You are encouraged to consider the following questions when providing your response to this section.**
 - a. Describe how this person's outstanding dedication and service has demonstrated an exceptional contribution to the improved delivery of emergency medical services in the local, regional or statewide EMS system.
 - b. Are there any programs or events that they have implemented or educational programs that they have created or enhanced?
 - c. Does this nominee provide any other volunteer or career services with the EMS system?

2. A leader and advocate for EMS Telecommunications: Describe how this nominee has been recognized for extraordinary EMD services or honors. **You are encouraged to consider the following questions when providing your response to this section.**
 - a. Does this nominee sit on any committees or participate with any groups that help to enhance and advocate for EMS and/or telecommunications?

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, a picture 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?**