



# 2018 BREMS Regional EMS Award for Outstanding Contribution to EMS Health and 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

<b>Nominee Name:</b>			
<b>Address:</b>	Street:		
	City:	State:	Zip:
<b>Email:</b>			
<b>Phone:</b>	Work:	Cell:	
<b>Agency Affiliation:</b>			Position:

<b>Nomination Submitted By:</b>			
<b>Address:</b>	Street:		
	City:	State:	Zip:
<b>Email:</b>			
<b>Phone:</b>	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 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. **You are encouraged to consider the following questions when providing your response to this section.**
  - a. Why does this program/accomplishment deserve to be recognized?
  - b. Describe the accomplishment/program, including its objectives and clientele being served and how it contributes to or provide for the health, safety and welfare of EMS providers.
  
2. The Results/Success of the Program: Provide a description of the results and success of the accomplishment/program. **You are encouraged to consider the following questions when providing your response to this section.**
  - a. How were the objectives 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, 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?**