

DEPARTMENT OF HUMAN SERVICES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS
NOMINATION FOR AWARD
Nomination Due by May 31 of the current year

NOMINEE DATA:

Name:	EMT Level	Certification #:
Mailing Address:		
City:	State:	Zip:
EMS Agency Affiliation:		
Rank:	Position:	Title:

NOMINATED FOR:

Professional Achievement Award

- | | |
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| <ul style="list-style-type: none"> <input type="radio"/> State EMS Director 's Medal Award <input type="radio"/> EMS Impact Award <input type="radio"/> EMS Commitment to Quality <p>First Responder and EMT of the Year</p> <ul style="list-style-type: none"> <input type="radio"/> First Responder <input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Paramedic | <ul style="list-style-type: none"> <input type="radio"/> EMS Educator of the Year <input type="radio"/> EMS Medical Director of the Year <input type="radio"/> EMS Administrator of the Year <input type="radio"/> Media Recognition Award <input type="radio"/> Meritorious Service Medal <input type="radio"/> Community Service Medal <input type="radio"/> EMS Cross |
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Incident based Award

- | | |
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| <ul style="list-style-type: none"> <input type="radio"/> Medal of Valor <input type="radio"/> Lifesaving Medal | <ul style="list-style-type: none"> <input type="radio"/> Unit Citation <input type="radio"/> Civilian Service Medal |
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Miscellaneous Awards

- Years of Service 10/15/20 years
- Excellence in Education (above Associate Degree)
- Last Call

NOMINATED BY:

Name:	EMT Level:	Certification #:
Mailing Address:		
City:	State:	Zip:
Phone #: ()	Fax #: ()	
E-Mail Address:		
EMS Agency Affiliation:		
Rank:	Position:	Title:
Relationship to Nominee:		

I hereby nominate the individual named above for the award indicated. Documentation of the basis for this nomination is attached in accordance with the requirements of the Oregon EMS Awards Program Manual. I certify that this information is true and correct to the best of my knowledge, and is provided based upon information personally known to me. Nominators are expected to sponsor nominee's banquet costs if selected.

Signature: _____ Date: _____