



# Application for the Westchester Regional EMS Council Annual Awards

**Candidate's name** \_\_\_\_\_

Home mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Credentials (certifications, etc.)**RN MD/DO 

EMT # \_\_\_\_\_

Agency # \_\_\_\_\_

CFR EMT-B A-EMT EMT-P Instructor 

(Level: \_\_\_\_\_ )

Other Credentials: \_\_\_\_\_

**Affiliation**

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Role / Title \_\_\_\_\_

**Indicate the category for which the applicant is being nominated. (See awards descriptions and criteria.)** **Basic Life Support Provider of the Year** **EMS Agency of the Year** **EMS Educator of Excellence** **Registered Professional Nurse of Excellence** **Advanced Life Support Provider of the Year** **EMS Leadership Award** **EMS Communications Specialist of the Year** **Physician of Excellence** **EMS Volunteer of the Year** **Youth Provider** **Civilian Award** **Dawson Award** **EMS Quality & Safety****On pages 2 and 3, describe why this candidate should receive the award.**

Name of Person or Agency Submitting Nomination \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Agency CEO/Chief Officer Approval \_\_\_\_\_

(Signature)

**APPLICATION MUST BE TYPEWRITTEN**

---

Please summarize why this nominee should receive the award.

EMS Background:

Reason for award nomination:

Contribution/Impact to EMS: