



Westchester Regional EMS Council Lifesaving Award Nomination

Event Location _____ Event Date ____ / ____ / ____

PRIMARY CARE GIVERS: (four (4) person maximum)

1	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
2	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
3	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
4	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____

EMS/EMD CITATION RECIPIENT (S): (please print - additional names can be submitted.)

1	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
2	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
3	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
4	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____

PLEASE COMPLETE PART II



Lifesaving Award Nomination (Part II)

PLEASE PROVIDE A BRIEF DESCRIPTION TO SUPPORT WHY THE INDIVIDUAL (S) LISTED IN THIS NOMINATION SHOULD BE CONSIDERED FOR A LIFESAVING AWARD.

NOMINATOR INFORMATION

Name _____
Role / Title _____
Organization _____
Address of Organization _____
City _____ State _____ Zip _____
Phone _____ Email _____

Signature

Date

THE PATIENT CARE REPORT (PCR) AND ADDITIONAL DOCUMENTATION MUST BE ATTACHED TO THIS FORM TO BE CONSIDERED FOR A LIFE SAVING AWARD.

SEE AWARD RULES AND REGULATIONS FOR MORE INFORMATION.

SUBMISSION DEADLINE: APRIL 22th 2019
