



Westchester Regional EMS Council Meritorious Service Award Nomination

Event Location _____ Event Date ____ / ____ / ____

MERITORIOUS SERVICE 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 _____
	Work Phone _____	Affiliation _____

NOMINATOR INFORMATION

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

Signature _____ Date _____

PLEASE COMPLETE PART II



Meritorious Service Award Nomination (Part II)

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

PLEASE ATTACH ALL SUPPORTING DOCUMENTATION (PATIENT CARE REPORT, INCIDENT REPORT, NEWS RELEASE, ETC.) TO THIS FORM.

SEE AWARD RULES AND REGULATIONS FOR MORE INFORMATION.

SUBMISSION DEADLINE: APRIL 22th 2019
