



Application for the Westchester Regional 2025 EMS Council Annual Awards

Candidate Name: _____
 Name of Organization (if applicable): _____
 Role/Title (if applicable): _____
 Mailing Address: _____ City: _____ Zip: _____
 Email: _____ Phone: _____

Name of Person/Agency Submitting Nomination: _____
 Email: _____ Phone: _____
 Agency CEO/Chief Officer Approval: _____
 (Signature)

Indicate the category for which the applicant is being nominated, if submitting for more than one please use this form for each submission (see awards description and criteria attached). All submissions are for the 2024 calendar year.

- | | | |
|---|--|--|
| <input type="checkbox"/> BLS Provider of the Year | <input type="checkbox"/> EMS Agency of the Year | <input type="checkbox"/> Civilian of the Year |
| <input type="checkbox"/> ALS Provider of the Year | <input type="checkbox"/> Excellence in QA/QI | <input type="checkbox"/> Nurse of the Year |
| <input type="checkbox"/> EMS Volunteer of the Year | <input type="checkbox"/> EMS Leadership of the Year | <input type="checkbox"/> Physician of the Year |
| <input type="checkbox"/> Youth Provider of the Year | <input type="checkbox"/> EMS Educator of the Year | <input type="checkbox"/> Dawson Award |
| | <input type="checkbox"/> EMS Comms. Specialist of the Year | |

Please summarize why this nominee should receive this award.

Nominee's Background: _____

Reason for Nomination: _____

Application must be typewritten, this is a fillable form