

# Regional Award for Outstanding EMS Telecommunicator NOMINATION FORM

**CRITERIA:** An emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer whose outstanding dedication and service has demonstrated an exceptional contribution to the improved delivery of emergency medical services in the local, regional, statewide and or national EMS system.

**ELIGIBILITY:** An emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer who is employed or volunteers with an emergency medical services dispatch center or public safety answering point in Virginia.

Award for Outstanding EMS Telecommunicator

<b>Nominee Name:</b>			
<b>Address:</b>	Street:		
	City:	State:	Zip:
<b>Email:</b>			
<b>Phone:</b>	Work:	Cell:	
<b>Agency Affiliation:</b>		Position:	Years of Service:
<b>Nominee Certification Number:</b>		Expiration Date:	

<b>Nomination Submitted By:</b>			
<b>Address:</b>	Street:		
	City:	State:	Zip:
<b>Email:</b>			
<b>Phone:</b>	Work:	Cell:	
<b>Nominator's Signature:</b>			<b>Date:</b>

## DOCUMENTATION SUPPORTING NOMINATION

**Read each statement carefully and answer completely.** Limit documentation to the information requested. ***Bullet statements are recommended.*** One letter of support written by someone other than nominator **must be** included. Up to three documents, including the letter of support, may be attached to the nomination form. Other documents may include a resume or CV, a newspaper article written about the nominee, etc.

**Please address the following items:**

1. Brief Abstract of Person being Nominated: Summarize and justify why this person should receive this award. **You are encouraged to consider the following questions when providing your response to this section.**
  - a. Describe how this person's dedication and service has demonstrated an exceptional contribution; improved delivery of emergency medical services in the local, regional, state and national EMS system.
  - b. Are there any programs or events that they have implemented or educational programs that they have created or enhanced?
  - c. Does this nominee provide any other volunteer or career services within the EMS system at the local, regional, state and national level?
  
2. A leader and advocate for EMS Telecommunications: Describe how this nominee has been recognized for extraordinary EMD services or honors. **You are encouraged to consider the following question when providing your response to this section.**
  - a. Does this nominee serve on any committees or participate with any groups that help to enhance and advocate for EMS and/or telecommunications at the local, regional, state and national level?

**Photo Required:** A high-resolution digital photo of the nominee **must** be included. Provide a color photo (with good lighting) of just the nominee.

## Governor's EMS Awards

- Only regional winners will be judged at the state level in the Governor's EMS Awards program.
- The EMS Awards Selection Committee will review the first place winners in each of the Regional EMS Councils competition categories. Winners selected at the state level will be forwarded with the Committee's recommendations to the Governor.
- Governor's award nominees become ineligible to receive the Governor's EMS Award if they have won in the same category within the last five years.
- If the applicants in an award category fail to meet the required criteria, then the Nomination Committee can omit the selection of a winner for that category. If a nominee is better suited in another award category, the Regional EMS Council is responsible for making that change before submitting it to the Committee.

## Guidelines

- Anyone may submit nominations for the Regional EMS Awards.
- Nominations for the Governor's EMS Awards **MUST** be submitted through the Regional Awards Program. Failure to do so will render the nomination invalid and it will not be presented to the Governor's EMS Awards Selection Committee.
- For all categories, the nomination may be based on a pattern of conduct/activities that has culminated in an exceptional improvement of the emergency medical services system in the locality, region or state. The nomination may also be based on a single unusual event that was beyond ordinary duty.
- Using the official Nomination Form on the Regional EMS Council webpage, nominations can be submitted electronically or typed on the Nomination Form and mailed to the Regional EMS Council.
- The person making the nomination should have extensive knowledge of the nominee's qualifications and carefully select the category that most appropriately matches the nominee's accomplishments.
- **The nominee must have current licensure or certification in the category in which he or she has been nominated.**
- One letter of support written by someone other than nominator **must be** included. Up to three documents, including a letter of support, may be attached to the nomination form. Other documents may include a resume or CV, a newspaper article written about the nominee, etc. One letter of recommendation and a maximum of two additional attachments, which can include a resume or CV, a newspaper article written about the nominee, etc.

## Don't send nomination form until you've completed this checklist!

- Did you supply all the information required on the nomination form and the type of information that will help judges select the most outstanding nominee?**
- Has the nominee met all of the criteria for this award category? If not, please consider another category. Nominees that are incorrectly categorized will not be considered.**
- Did you include supporting materials if the category requires them?**
- Did you include a high resolution digital photo of the nominee?**
- Will you meet the required deadline for entries?**