

New York State Volunteer Ambulance And Rescue Association
Special Awards Application

Candidate's name: _____

Home mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Credentials (certifications, etc.)

RN MD/DO/NP/PA EMT-I EMT-CC EMT-P CFR

EMT-D Instructor (level) _____

EMT #: _____ Agency code: _____

Other credentials: _____

EMS Affiliation/ Organizations

Name of Organization: _____

Address of Organization: _____

City: _____ State: New York Zip: _____

Role/ Title: _____

Indicate the category for which the applicant is being nominated: (see awards description and criteria)

EMS Meritorious Award EMS Unit Citation EMS Educator of Excellence

EMS Leadership Award EMS Youth Squad Award EMS Person of the Year

EMS Youth Corp. Member of Excellence Communications Specialist of Excellence

Civilian Star of Life Award Emergency Registered Professional Nurse of Excellence

Emergency Medical Care Provider (MD, DO, NP, PA) of Excellence

REASON FOR NOMINATION

(DESCRIBE IN DETAIL WHY CANDIDATE SHOULD RECEIVE THIS AWARD)

Application should be typewritten/word processed (in a #12 Font) to be considered.
USE THE REVERSE SIDE OF THIS FORM or ATTACH YOUR DOCUMENTS TOGETHER.

Name of person submitting nomination: _____

Name of Agency submitting nomination: _____

Contact Phone number: _____

Applications must be postmarked no later than August 16, 2009.

Please return completed application to:

NYSVARA Special Awards-Teri Hamilon Chair Person

Post Office Box 254

East Schodack, New York 12063

CELL PHONE: (914) 262-6969 E-MAIL: TNYSEMT@AOL.COM

PLEASE COMPLETE BOTH SIDES OF APPLICATION

DESCRIBE IN DETAIL WHY THIS NOMINEE SHOULD RECEIVE THIS AWARD

EMS Background:

Reason for award nomination:

Contribution to/ Impact on EMS:

PLEASE COMPLETE BOTH SIDES OF APPLICATION