



Westchester Regional EMS Council Lifesaving Award Nomination

Event Location _____ Event Date _____ / _____ / _____

PRIMARY CARE GIVERS: (please print - four (4) person maximum)

1	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____
2	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____
3	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____
4	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____

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

1	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____
2	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____
3	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	Affiliation _____	_____
4	Name _____	_____	_____
	Home Phone () _____	Position _____	_____
	Work Phone () _____	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

(Please complete legibly - all notifications and information will be mailed to the address listed below.)

Name _____
Role / Title _____
Organization _____
Address of Organization _____
City _____ State _____ Zip _____
Work 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: Must be postmarked by JANUARY 20th