



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

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 _____

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: Must be postmarked by JANUARY 20th