

EMERGENCY MEDICAL SERVICES AUTHORITY

Individual Achievement Recognition Nomination Form

Mail or e-mail completed nomination form and support documentation to: externalaffairs@emsa.ca.gov or
California EMS Authority, External Affairs, Attn: Individual Achievement Recognition Program
10901 Gold Center Drive, Suite 400, Rancho Cordova, CA 95670
Questions? (916) 431-3700

Nominee Information:

Name: _____

Address: _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If nominee is an EMT: EMT Level: _____ Cert. #: _____

Nominated for:

Educational Achievement *

Service Achievement *

*These decorations are authorized by the EMS Authority, but not awarded as part of the annual EMS Awards Ceremony. These decorations may be worn by individual EMTs that have met the qualifications. Visit our webpage for more information:
<http://www.emsa.ca.gov/recognition>

Nominated by:

Name: _____

Address: _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If nominator is an EMT: EMT Level: _____ Cert. #: _____

Relationship to nominee: _____

I hereby nominate the individual named above for the award indicated. Documentation for the basis of this nomination is attached. I certify that this information is correct to the best of my knowledge and is based upon information personally known to me.

Signature: _____ Date: _____

SUPPLEMENTAL INFORMATION TO SUPPORT NOMINATION

1. Description of Basis for Nomination (Please succinctly describe the act or service that forms the basis of this nomination. Please use additional paper as necessary):

2. Attach Documentation (Please provide supporting documentation – academic transcripts, degree copies, personnel records, etc. – that substantiate the nomination. Please label each piece of documentation with the nominee’s name as well as your name).