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: ____________________
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).