



EMS PROVIDER OF THE YEAR APPLICATION

Please print legibly or type all information.

Incident Date: _____ Time: _____

Act Performed By: _____

Department: _____

(Only one person per application, each person being submitted for an EMS Provider of the Year Award must have an application completed)

Incident Location: _____

Patient Information: Sex: _____ Age: _____

Chief Complaint: _____

Presenting Injury: _____

(Copy of PCR must be attached for additional documentation. To maintain patient privacy, (the patient's name must be blanked out))

Explain the actions of the above named person. Be specific as possible
(Use additional pages if needed):

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Witnesses to the incident: _____

Name of the Incident Commander: _____

I was _____ at the scene, observed act

I was _____ at the scene, did not observe act

Comments of Incident Commander:

Report submitted by Chief of Department or Assistant Chief:

Name: _____

Department: _____

Date: _____

Signature: _____

Letter of Recommendation on Department Stationery must accompany all applications.

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The Awards Committee of the Nassau County Firemen's Association has reviewed this application and all supporting documentation and conducted an investigation.

This application is hereby:

APPROVED: _____

NOT APPROVED: _____

Letter of decision forwarded to the Chief of the _____ Fire Department on

_____.

Chairman's Signature

Date

Committee Members Signatures:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Board of Director's Liaison Signature: _____

President's Signature: _____ Date: _____