



Region 3 AWARD APPLICATION

Criteria: The recipients of these awards must be a current Tennessee licensed emergency service professional employed by, or volunteers with, a Region 3 ground or air service. The nominee should exhibit professional qualities expected in this venue. Their contributions should go above and beyond whether it is in their clinical skill set or in actions that have affected the community or someone in a positive way.

Submission: The attached information form should be filled out completely. Please submit in 250 words or less why you think this person or service deserves to be the Region 3 award recipient of the year. Please make sure all submissions are legible.

Eligibility for EMT, Paramedic, Emergency Responder or Tele-communicator: Any currently licensed Tennessee Emergency Medical Technician, Paramedic or any volunteer or certified Emergency Responder or Tele-communicator that works or serves in a position for a **Region 3** area. This award is not for EMS administrators, directors, or supervisors who are not directly involved in patient care.

Nominations: You can list your name or submit anonymously. It will not affect the submission either way.

PLEASE COMPLETE THE APPROPRIATE NOMINATION FORM

Submit Completed Form Packets To:

**Stacy Prater
LIFE FORCE Air Medical
Erlanger Health System
975 E. 3rd Street
Chattanooga, TN 37403
Or via email at: stacy.prater@erlanger.org**

NOMINATION DEADLINE: February 15, 2019

Check the box below of the nomination you wish to submit:

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EMT of the Year: *(Eligible: Licensed EMT's only regarding calls or outstanding service that occurred in 2018)*

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Paramedic of the Year: *(Eligible: Licensed Paramedics only regarding calls or outstanding service that occurred in 2018)*

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Emergency Medical Responder of the year *(Eligible: Emergency Medical Responder only regarding calls or outstanding service that occurred in 2018).*

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Tele-communicator Award *(Eligible: Tele-communicator only regarding calls or outstanding service in 2018)*

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Medical Call of the Year *(Eligible: EMT or Paramedics only regarding calls that occurred in 2018).*

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Trauma Call of the Year *(Eligible: EMT or Paramedics only regarding calls that occurred in 2018.).*

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Pediatric Call of the Year: *(Eligible: EMT or Paramedics only regarding calls that occurred in 2018).*

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Service of the Year: *(Eligible: EMS Services in good standing in the SEEMSDA Region only for 2018)*

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Lifetime Achievement Award: *(Eligible: EMT, Paramedic, SEEMSDA EMS Service, or Director. This award is not based on 2018 calls. It is based on outstanding service throughout their career.)*

NOMINEE'S NAME:

NOMINEE'S ADDRESS

CITY / STATE / ZIP

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

EMAIL ADDRESS

PRIMARY EMS EMPLOYER

EMS EMPLOYER'S ADDRESS, INCLUDING CITY/STATE/ZIP

In 250 typed words or less, please explain the reason for your nomination:

NOMINEE'S SUPERVISOR

SUPERVISOR'S EMAIL

YEARS IN EMS

LICENSE LEVEL OF NOMINEE

