



**Governor's Alaska Council on Emergency
 Medical Services**
CONSUMER/CITIZEN AWARD NOMINATION FORM
Deadline: August 31, 2017



CRITERIA: A person who, not in the regular line of duty, performs life-saving, limb-saving, or medical techniques in a medical emergency, and shows quick-thinking, common sense, and initiative to save a life or reduce injury.

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| Your Name: | Your EMS Service, if applicable: |
| Mailing Address: | Work Telephone: |
| | Home Telephone: |
| | E-mail Address: |
| Relationship, if any, to Nominee (personal, financial, employment): | |
| <u>Name of Award Nominee:</u> | Nominee's EMS Service, if applicable: |
| Mailing Address: | Work Telephone: |
| | Home Telephone: |
| | E-mail Address: |
| Reason(s) for nomination and how Nominee meets the Award criteria (use second page if needed or attach any documentation to support the nomination, such as photo or newspaper article): | |
| Your Signature: | Date: |

Please scan and email nomination to: EMSAwards@alaska.gov or Fax to (907) 465-4101.