

AWARDS

Every one of our Emergency Medical Services personnel deserve recognition. Our Annual EMS Symposium Award Ceremony gives you and IREMSC the opportunity to salute EMS providers who have made outstanding contributions to their community and fellow Alaskan citizens. The award ceremony will be held on the first day of Symposium during the opening session.

Below are the award categories that will be presented. If you know of a person or group who you feel deserves such an award, please fill out the enclosed award nomination form and mail to our office **no later than March 2, 2018.**

MEDICAL DIRECTOR OF THE YEAR

This award recognizes the physician who exemplifies leadership and dedication to the EMS systems and through his/her efforts, has favorably impacted the Interior Alaska EMS System.

PRE-HOSPITAL PROVIDER OF THE YEAR

This award recognizes outstanding achievement by a volunteer or paid EMS provider, a provider who distinguished himself/herself by performing exceptionally meritorious life saving skills or who made significant contributions to the improvement of the EMS system in his or her area.



EMS SERVICE OF THE YEAR

This award recognizes the outstanding contribution of a First Responder, Ambulance, Fire or Rescue organization in providing emergency pre-hospital care or in EMS system support, above and beyond it's normal responsibilities.

EMS EDUCATOR OF THE YEAR

This award recognizes an EMS Educator who displays initiative, leadership, and dedication to EMS training and through his or her efforts has helped to improve the Interior Alaska EMS System.

SPECIAL ACHIEVEMENT AWARD

This award is intended for an individual who deserves recognition for something that might not fit into the other categories. Examples include an outstanding event, life saving procedure, a special service performed for the community, or even a long history of service.

Interior Region EMS Council Inc.

Award Nomination Form

Nomination for: (please mark appropriate box)

- Medical Director of the Year** **Pre-Hospital Provider of the Year**
 EMS Service **Educator of the Year** **Special Achievement**

Nominee's Name: _____

Today's Date: _____

Mailing Address: _____

Phone # : _____

E-Mail Address _____

Certification Level:

ETT EMT-I EMT-II

Agency: _____

EMT-III Paramedic

Other:

In 500 words or less describe the Nominee's role/duties and why this person is being nominated:
Attach additional pages if needed.

Your Name: _____

Address: _____

Phone and E-mail _____

Please mail , fax or email this form to:

Interior Region EMS Council, Inc.

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director@interioremscouncil.org

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