**Regional Award Criterion & Nomination Form
North Dakota EMS Association**

**Award Criterion**

*Siren Award:*

This award recognizes an individual driver who is not licensed above the First Responder level. This individual goes above and beyond the call of duty, shows tremendous professionalism, and a strong dedication to EMS. The nominee must be a member of the North Dakota EMS Association.

*Rising Star Award*

The Rising Star Award was established to recognize an individual, EMR or EMT, who is new to the field of EMS, shows rapid improvement, exemplary skills, and takes on added responsibilities. The nominee must have less than three years of experience and be a current member of the N.D. EMS Association.

*Telecommunications Award*

Candidates for the Telecommunications Award can be an emergency medical telecommunicator, public safety answering point administrator, supervisor, or training officer whose outstanding dedication and service has demonstrated an exceptional contribution to the improved delivery of emergency medical services in the local, regional, or statewide EMS system.

*Regional Service of the Year*

An EMS system that exemplifies outstanding professionalism and service to its community would be a great candidate for the Regional Service of the Year Award. The intent of this award is to recognize a service that significantly contributed to the provisions, development, and improvement of pre-hospital care and EMS education in their community. Any EMS organization licensed or certified in the state of North Dakota, including rescue, quick response units, industrial services, etc., is eligible. The regional winners will be forwarded for consideration for the EMS Service of the Year award presented at the North Dakota EMS Rendezvous Conference and Tradeshow.

*All Regional Awards will be presented during the EMS Rendezvous Conference & Tradeshow banquet and Table of Honor Ceremony. The nominating party of the selected recipients will be notified in advance to allow the nominee to be present at the banquet to accept their award.*

ALL REGIONAL AWARDS MUST BE SUBMITTED BY MARCH 1

Submit by one of the following methods:

|  |  |  |
| --- | --- | --- |
| **Submit by Mail:**NDEMSA Awards1622 East Interstate Ave.Bismarck, ND 58503 | **Submit by Fax:**(701) 221-0693 | **Submit by Email:**ndemsa.office@ndemsa.org  |
| Questions: Please call (701) 221-0567 or toll free at 1-877-221-3672 |

**Nominator Information**

Nominating Agency/Individual(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regional Award Category of Nominee**

Please indicate the category for which the applicant is being nominated. Please see for the first page for description and criteria of each award category.

\_\_\_\_\_ Siren Award \_\_\_\_\_ Rising Star Award

\_\_\_\_\_ Telecommunication Award \_\_\_\_\_ Regional Service of the Year

**Nominee Information**

Nominee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State EMS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region They Reside In (circle): Northeast Northwest Southeast Southwest

Credentials (CPR Driver, EMT-B, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***On an addition sheet please summarize the following:***

***1. Nominee’s EMS background

2. The reason you find this individual or agency deserving of the respective award you have nominated them to receive.***

Thank you for helping the North Dakota EMS Association recognize the outstanding individuals and agencies of our industry! We appreciate your nominations and look forward to carefully reviewing them.