



**Governor's Alaska Council on Emergency  
 Medical Services**  
**EMS PROVIDER AWARD NOMINATION FORM**  
**Deadline: August 31, 2017**



<i>CRITERIA: A medically-trained person who performs meritorious service above and beyond the expectations of the job.</i>	
<b>Your Name of Nominator:</b>	<b>Your EMS Service, if applicable:</b>
<b>Mailing Address:</b>	<b>Work Telephone:</b>
	<b>Home Telephone:</b>
	<b>E-mail Address:</b>
<b>Relationship, if any, to Nominee (personal, financial, employment):</b>	
<b><u>Name of Award Nominee:</u></b>	<b>Nominee's EMS Service, if applicable:</b>
<b>Mailing Address:</b>	<b>Work Telephone:</b>
	<b>Home Telephone:</b>
	<b>E-mail Address:</b>
<b>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):</b>	
<b>Your Signature:</b>	
<b>Date:</b>	

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