

# **Emergency Medical Service of the Year**

## Award Application

Any pre-hospital care provider is eligible for this award. This will include the following: Ambulance, Rescue and First Responder Units.

This award will be determined by a committee made up of the District Vice Presidents with the State Vice President as chairman.

This is an award for which a service may nominate itself.

**Once a service has won this award, they will not be eligible again for 5 years.**

The following will be provided:

- A letter of nomination from an outside agency such as law enforcement, hospital, city or anyone that wishes to support you application.
- History of the service
- Years of service to the community
- Special projects and services outside of EMS
- Public relations programs
- Number of members
- Special equipment
- Training programs
- Number of vehicles (type, make, model, etc)
- EMS permit numbers
- Number of yearly calls
- Types of financing (support, fund raisers, etc)

**This application and attachments are due to the State Vice President no later than July 1 of the current year. Any application received after July 1 will not be considered.**

The current Vice President's address may be found at:

<http://sdemta.org/officersstate.htm>

# Emergency Medical Service of the Year

## Award Application

Any pre-hospital care provider is eligible for this award. This will include the following: Ambulance, Rescue and First Responder Units.

This award will be determined by a committee made up of the District Vice Presidents with the State Vice President as chairman.

This is an award for which a service may nominate itself.

**Once a service has won this award, they will not be eligible again for 5 years.**

1. Service Name: \_\_\_\_\_
2. EMS Permit Number: \_\_\_\_\_
3. Number of Members: \_\_\_\_\_
4. Number of Vehicles: \_\_\_\_\_
  1. Type: \_\_\_\_\_
  2. Make: \_\_\_\_\_
  3. Model Year: \_\_\_\_\_
5. Special Equipment: \_\_\_\_\_
6. Number of Yearly Calls: \_\_\_\_\_
7. Years of Service to the Community: \_\_\_\_\_
8. Types of Financing: \_\_\_\_\_

Please attachment the following to this application:

1. Letter of nomination from an outside agency such as law enforcement, hospital, city or anyone that wishes to support you application.
2. A detailed history of your service (please limit to no more than 500 words)
3. Public relations programs or activities. Please be specific and detailed. Any and all forms of video, news reports or other data may be attached to supplement you application.